National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health

January 9-11, 2006

Embracing a Common Destination:
Improving Health Outcomes for All Americans

Celebrating 20 Years

DEPARTMENT OF HEALTH & HUMAN SERVICES

omh
OFFICE OF
MINORITY
HEALTH

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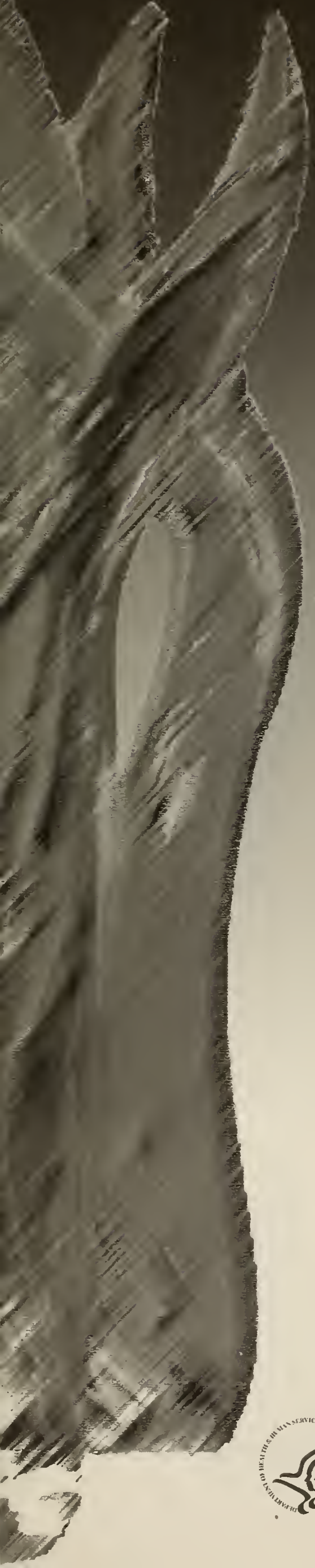
MHO 7D 714-0



National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health

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Embracing a Common Destination: Improving Health Outcomes for All Americans

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Celebrating 20 Years

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Minority Health

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Notice: For information regarding CEU credits, please visit the Cyber Café.

Summit Overview

Message from the Deputy Assistant Secretary for Minority Health

The 2006 National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health marks the twentieth year since the establishment of the Office of Minority Health (OMH). The Department of Health and Human Services (HHS) created OMH in response to the landmark 1985 Report of the Secretary's Task Force on Black and Minority Health. As part of HHS, OMH works to improve the health of racial and ethnic minority populations by ensuring the development of effective HHS policies and programs designed to help eliminate disparities in health.

Since its establishment, OMH has collaborated with many HHS divisions, national, local, tribal, and other partner organizations and individuals in myriad settings across the country. Together, OMH and its partners have elevated the level of national discourse about health issues that continue to burden African Americans, Hispanics/ Latinos, Asian Americans and Native Hawaiians, and other Pacific Islanders, American Indians and Alaska Natives.

This Summit brings together many OMH partners/leaders from all levels of government, academia, public health (including behavioral health) minority-serving organizations, and minority communities, to exchange ideas, share best practices, and advance policies and best practices to improve the health of America's communities of color. Over the next three days, these leaders will participate in thought-provoking sessions that will address current and emerging health issues in six categories:

- Health care access, utilization, and quality
- Healthcare and the public health workforce
- Research, data, and evaluation
- Health information technology
- Health disparities across the lifespan
- Culture, language, and health literacy

In order to extend presentation opportunities to the widest possible number of individuals and organizations and enhance opportunities for rich exchange of information, the Summit Planning Committee developed 96 workshops and Institutes that address a range of issues pertinent to health disparities. The Institutes are special two-hour sessions that allow for more intensive discussion on minority health issues and health disparity topics. In each of these special sessions, participants will examine a single health issue, health topic, or program.

The 2006 Summit is an opportunity for broadening the health disparities agenda and discourse from the more traditional disease-focused approach to include an issue-based approach. While the disease-focused approach has provided visibility and spurred national action to address health disparities in these areas, additional actions are needed to achieve greater impact.

The issue-based approach expands prior disease-focused efforts to incorporate health service delivery and health system development priorities that have the potential for across-the-board improvements in health outcomes. Examples of issues include efforts to improve the: quality of care provided to racial and ethnic minorities; patient/provider interaction or relationship; linguistic and/or cultural competency of providers and organizations serving minority communities; applicability, planning, and implementation of developing health technologies in minority communities; and workforce diversity. Deliberations on these and other health issues will undoubtedly have far-reaching implications for health policies and programs targeting elimination of health disparities and contribute to the development of a coordinated national strategy to improve health outcomes for all Americans.

Many individuals contributed their expertise, energies, and time to developing the Summit agenda. We hope that you will find the Summit program a rich and meaningful experience.

Garth N. Graham, MD, MPH
Deputy Assistant Secretary for Minority Health

Institute and Accreditation Instructions

Please note, if you register for an Institute, you will not be eligible to register for concurrent sessions B or C. If you register for concurrent sessions B or C, you will not be eligible to register for an Institute.

Accreditation Statements

CME FOR PHYSICIANS

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accrediation Council for Continuing Medical Education through the joint sponsorship of the Centers for Disease Control and Prevention (CDC) and National Institute of Health Foundation and Native American Management Services (NAMS). CDC is accredited by the ACCME to provide continuing medical education for physicians. The Centers for Disease Control and Prevention designates this educational activity for a maximum of 18.5 category 1 credits toward the AMA Physician's Recognition Award.

Each physician should claim only those credits that he/she actually spent in the activity.

CME FOR NON-PHYSICIANS ONLY

The Centers for Disease Control and Preventioin designates this educational activity for a maximum of 18.5 contact hours.

CNE FOR NURSES

This activity for 22.2 contact hours is provided by the Centers for Disease Control and Prevention, which is accredited as a provided of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.

CPE FOR PHARMACIST

The Centers for Disease Control and Prevention is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

ACPE Logo: This program is a designated event for pharmacists to receive 1.85 contact hours in pharmacy education. The universal Program number is 387-999-05-019-L04.

CHES FOR HEALTH EDUCATOR

The Centers for Disease Control and Prevention is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is a designated event for the CHES to receive 18.5 Category I contact hours in health education. CDC Provider number GA0082.

CEU FOR OTHER HEALTH PROFESSIONALS

The Centers for Disease Control and Prevention has been reviewed and approved as an Authorized Provider of Continuing Education and Training (IACET). The CDC has awarded 1.85 CEU's to participants who successfully complete this program.

This program is jointly sponsored by CDC, NIH Foundation and Native American Management Services. (NAMS).

The Office of Minority Health, DHHS is grateful to Co-Sponsors of the National Leadership Summit

Administration on Aging (AOA)
Agency for Healthcare Research and Quality (AHRQ)
American Diabetes Association (ADA)
American Heart Association (AHA)
Asian Pacific Islander American Health Forum (APIAHF)
ASPIRA Association, Inc. (ASPIRA)
Association of Asian Pacific Community Health Organizations (AAPCHO)
Centers for Disease Control and Prevention (CDC), Office of Minority
Centers for Medicare and Medicaid Services (CMS)
Health Resources and Services Administration (HRSA), Office of Minority Health and Health Disparities (OMHD)
Indian Health Service (IHS)
Intercultural Cancer Council (ICC)
March of Dimes (MOD)
National Association of State Offices of Minority Health (NASOMH)
National Cancer Institute (NCI)
National Coalition of Ethnic Minority Nurse Associations (NCEMNA)
National Institute of Mental Health (NIMH)
National Institutes of Health (NIH), National Center on Minority Health and Health Disparities (NCMHD)
Office for Civil Rights (OCR)
Office on Disability (OD)
Office of Disease Prevention and Health Promotion (ODPHP)
Office of HIV/AIDS Policy (OHAP)
Office for Human Research Protections (OHRP)
Office on Women's Health (OWH)
Ohio Commission on Minority Health
Substance Abuse and Mental Health Services Administration (SAMHSA)
University of Hawaii at Manoa's Hawaii EXPORT Center
University of Pittsburgh, Center for Minority Health (CMH)
University of Texas, M.D. Anderson's Center for Research on Minority Health

History of the Office of Minority Health
U.S. Department of Health and Human Services

RECOGNITION OF PERSISTENT HEALTH DISPARITIES BY RACE AND ETHNICITY

The 1983 issue of *Health, United States*, the annual report card on the health status of the American people, documented significant progress in the overall health of the nation, but reinforced the sad fact of the continuing disparity in the burden of death and illness experienced by Blacks and other minority Americans, compared to the U.S. population as a whole.

HECKLER ESTABLISHES SECRETARIAL TASK FORCE

In response to this *"affront both to our ideals and to the ongoing genius of American medicine,"* then-Secretary of Health and Human Services (HHS), Margaret M. Heckler, established a Secretarial Task Force, chaired by Thomas E. Malone, PhD, former Deputy Director of the National Institutes of Health. The mission of the Task Force was to investigate the health problems of African Americans, Hispanics, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives. It was charged with analyzing Departmental programs and the range of resources available to address the health problems of minorities, and with recommending ways that the Department could exert leadership, influence, and initiative to close the gap. The Task Force was composed of a diverse group of senior and mid-level managers HHS divisions. In discharging its responsibility, the Task Force engaged consultants from various racial/ethnic groups and others to provide additional information and perform supplementary reviews of data. It also interacted with colleges and universities and various private organizations and associations. Research papers were commissioned on key issues.

TASK FORCE REPORT LED TO THE ESTABLISHMENT OF OMH

The results were presented to Secretary Heckler in August 1985 in the *Report of the Secretary's Task Force on Black & Minority Health.* This Report led to establishment in 1985 of the Office of Minority Health (OMH) within the Office of the Assistant Secretary for Health (now the Office of Public health and Science, OPHS), headed by a Deputy Assistant Secretary for Minority Health (DASMH).

CONGRESS PASSES LEGISLATION AUTHORIZING OMH

OMH was authorized by the Disadvantaged Minority Health Improvement Act of 1990 and reauthorized in Title II of the Health Professions Education Partnership Act of 1998 (PL105-392). The Minority Health and Health Disparities Research and Education Act of 2000 (PL 106-525) expanded the responsibilities of the HHS Advisory Committee on Minority Health to include health professions education in health disparities and cultural competency.

NATIONAL LEADERSHIP ON HEALTH DISPARITIES

OMH was established as the Departmental focal point for addressing health disparities in the nation with a primary responsibility to ensure development of effective HHS policies to address this critical issue and has been led by a series of Directors who brought vision and commitment to this charge. Among these have been establishment of a Departmental and national infrastructure for a coordinated response to addressing racial and ethnic health disparities; inclusion of minority communities and issues within national health planning; working with health service providers, institutions of higher education (including minority institutions), community-based organizations, national medical organizations, and others to advance a systems approach to addressing racial and ethnic health disparities; focused initiatives to enhance national understanding of the racial and ethnic minority health disparities problem and what individuals, organizations and communities could do to prevent them or improve outcomes.

History of the Office of Minority Health
U.S. Department of Health and Human Services

Given the extent of health disparities for racial and ethnic minorities and in response to the Secretary's directive to address health problems for minorities through the range of Departmental programs and resources, there was an imperative to establish other offices to directly coordinate and improve the work of HHS Divisions on this issue. Over the years, OMH's work has been complimented and supported by the establishment of other offices focused on minority health within HHS including the: Office of Minority Health and Health Disparities, Centers for Disease Control and Prevention; National Center for Minority Health and Health Disparities (formerly the Office on Research on Minority Health), National Institutes of Health; Office of Minority Health and Health Disparities, Health Resources and Services Administration. As a result of the 1985 Report and OMH's work, offices of minority and multicultural health also have been established in the majority of states as well as in cities and counties across the nation. National leadership on minority health has also led to increased efforts by hundreds of national and community-based organizations dedicated to "closing the health gaps" and promoting health. The leadership of HHS, work of OMH, and efforts of health professionals, organizations, and institutions is a model for national, state, local and/or tribal government partnership with the private sector.

Highlights of the Office Minority Health's Chronological History

1985	*Report of the Secretary's Task Force on Black & Minority Health*
1986	OMH Established by Secretary Margaret Heckler and Herb W. Nickens, MD, appointed first OMH Director
1986	Warren Hewitt and Henry Montes appointed Associate Directors of OMH
1987	OMH Resource Center (OMHRC) established to provide information and assist the public with information requests pertaining to the health of racial and ethnic minorities
1987	First OMH-funded projects
1988	First report of the Director of OMH issued
1988	Sam Lin, MD, MPH appointed Acting Director of OMH
1988	First major conference conducted by OMH: "Access to Health Care in the 21st Century"
1989	William "Bill" Robinson, MD, MPH, appointed Deputy Assistant Secretary for Minority Health and Director, Office of Minority Health
1989	First HHS National HIV/AIDS Minority Conference was led by OMH
1990	Office relocated from HHS Headquarters to Rockville, Maryland to accommodate increased office capacity
1990	First legislative authorization, Disadvantaged Minority Health Improvement Act of 1990 (PL 105-392)
1990	First model program to directly fund community based organizations to support HIV projects were established by OMH. This model was subsequently adopted by the Centers for Disease Control and Prevention and other federal programs.
1990	Regional minority health activities established, including appointment of Regional Minority Health Consultants in the 10 HHS regions
1990	First OMH funding to state public health offices to support and develop minority health activities and convened first meeting with state offices
1990	First National teleconference on minority health conducted (through 1992)

Highlights of the Office Minority Health's Chronological History

1990	HHS/OMH mission transforms from focus on excess deaths to improving health status of minorities
1991	OMH hosts first national minority health network meeting
1991	Sam Lin, MD, MPH appointed Acting Director of OMH
1992	Claudia Baquet, MD, MPH appointed Deputy Assistant Secretary for Minority Health and Director, Office of Minority Health
1993	TODOS Report – Surgeon General issues report on Hispanic Health
1993	Audrey Manley, MD, MPH assumes Acting Director responsibility for OMH
1993	OMH given HHS lead on responding to the Executive Order on Historically Black Colleges and Universities
1993	Toward Equality of Well-Being: Strategies for Improving Minority Health (Strategic Plan) was issued
1994	First Closing the Gap Newsletter series issued by OMH
1994	Clay Simpson, PhD, appointed Deputy Assistant Secretary for Minority Health and Director, Office of Minority Health
1994	Tuei Doong, Captain USPHS, appointed Deputy Director of OMH
1996	OMH assumes coordinating lead for the Department on the Hispanic Agenda for Action
1997	OMH coordinates Tribal College & Universities Executive Order for HHS
1997	OMH coordinates HHS-wide Initiative on Asian Americans and Pacific Islanders (AAPIs) which served as the foundation for the first Executive Order on the White House Initiative on AAPIs signed by the President in 1999
1997	OMH leads National Hispanic Health Symposium
1997 – 2000	OMH engages in first international collaboration on Racial/Ethnic Minority Health with the United Kingdom
1998	OMH is reauthorized under the Health Professions Education Partnership Act of 1998
1998	OMH collaborates with Surgeon General to release Healthy People Progress Review for Black Americans through live telecast
1998/99	OMH convenes Advisory Committee on Minority Health
1998/99	OMH supports HIV/AIDS Technical Assistance Regional Resource Network for high prevalence populations
1999	OMH receives funding for the Minority AIDS Initiative to support HIV/AIDS projects
1999	OMH engages in launch of Healthy People 2010 Focus on Elimination of Health Disparities
1999	OMH convenes National Hispanic/Latino Customer Services Conference
1999	Nathan Stinson, Jr. ,MD, PhD, MPH, appointed Deputy Assistant Secretary for Minority Health and Director, Office of Minority Health
2000	OMH leads development of CLAS Standards
2002	OMH convenes first National AI/AN Forum
2002	OMH launches the annual Closing the Health Gap/Doctor Day campaign with Tom Joyner, ABC Radio Networks
2002	OMH convenes first National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health

Highlights of the Office Minority Health's Chronological History

2004	OMH's FY 2004 budget a high of $55.8 million (first appropriation was 1.3 million)
2004	Garth N. Graham, MD, MPH appointed Deputy Assistant Secretary for Minority Health and Director, Office of Minority Health
2004	Mirtha Beadle appointed Acting Deputy Director of OMH
2004	HHS Disparities Council formed with representation from operating divisions across the department and select divisions within the Office of the Secretary
2004	OMH collaborates with the Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services to address disparities in immunization rates in minority seniors
2004	OMH launches an interagency initiative with the Centers for Disease Control, National Institutes of Health, Health Resources and Services Administration, and Indian Health Service to Close the Gap on Infant Mortality for African American and American Indian and Alaska Native babies
2004	OMH hosts the first Secretarial Roundtable on Minority Men's Health
2004	OMH leads an HHS Initiative to reduce the incidence of stroke in the stroke belt states
2004	Latino Celebra La Vida Con Salud Campaign adopted as part of the Closing the Health Gap Campaign
2004	OMH sponsors the National Child Health and Child Welfare Conference, bringing together for the first time child health; child welfare; federal, state, tribal, and local governments; faith and community-based organizations; and other sectors to address health disparities and disproportionality of racial and ethnic minority children in the child welfare systems
2004	OMH launches uniformed data system collection for grantees
2004	OMH launches the Cultural Competency Curriculum Modules for Family Physicians and Residency programs which is accredited by the American Academy of Family Physicians and immediately adopted for use by federal and national programs such as the Centers for Medicare and Medicaid Services' Quality Improvement Organizations (QIOs), a national network of fifty-three QIOs responsible for each state, territory, and the District of Columbia
2005	OMH launches the African American Obesity Prevention Initiative: Health Weight, Healthy Lifestyle
2005	OMH launches the infant mortality prevention campaign as part of the *National Know What to Do For Life Campaign*
2005	OMH establishes the State Partnership Program, providing grant funds for the first time to 32 state offices of minority health for a five–year period
2005	OMH reconstitutes the Advisory Committee on Minority Health
2005	OMH reestablishes the Midatlantic Asian American and Pacific Islander Hepatitis B Campaign and Vaccination Program as a national program
2005	OMH funds the OMH Resource Center to implement an HIV/AIDS Resource Development project in the Pacific Islands
2005	OMH partners with the Centers for Medicare and Medicaid Services to ensure minority seniors are aware and enroll in the new Medicare drug prescription benefit
2005	OMH co-hosts the Health Information Technology Roundtable with the Agency for Healthcare Research and Quality

Highlights of the Office Minority Health's Chronological History

2005	Mirtha Beadle becomes Deputy Director of OMH
2005	OMH responds to Katrina hurricane crisis—Leads $12M Interagency effort to improve access to medical and mental health care for racial and ethnic minorities affected by the hurricane
2005	Through a partnership with the HHS Data Council, OMH gains support for exploring data release methods that would preserve confidentiality but increase reportability of data and to develop a web-based data portal for minority health information
2005	OMH initiates the State Partnership Uniform Data System to support collection of data from state offices of minority and multicultural health
2006	OMH celebrates its 20th Anniversary
2006	OMH convenes the Second National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health with more than 25 co-sponsors – the Summit includes a Commemorative Event to celebrate individuals and organizations that have contributed to advancing improvements in the health of racial and ethnic minorities over its 20-year history.

Acknowledgements

On behalf of the Office of Minority Health (OMH), U.S. Department of Health and Human Services, I wish to acknowledge the significant contributions of the *2006 National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health* committee members. I also extend my gratitude to OMH's external and internal partners for their time, vision, creative thoughts, and suggestions. Your contributions have been invaluable in planning the Summit.

My sincere appreciation to staff of the Centers for Disease Control and Prevention, Office of Minority Health and Health Disparities and Office of Workforce and Career Development for their dedication, time, and effort in planning and managing the process for obtaining continuing education units (CEUs) for the Summit, and the National Center on Minority Health and Health Disparities, National Institutes of Health for their continued partnership, assistance, and unwavering support.

I extend warm thanks to OMH staff and consultants who provided outstanding guidance and contributions and showed great patience in completing critical Summit documents. I also offer my appreciation to federal agencies, state offices of minority and multicultural health, community-based organizations, and individuals who helped identify themes, speakers, and topics, and submitted or assisted in the review of abstracts for the Summit.

Without your support and that of other partners, this Summit would not have been possible.

Sincerely,

Garth N. Graham, MD, MPH
Deputy Assistant Secretary for Minority Health

Office of Minority Health

This year marks the 20th anniversary of the Office of Minority Health's dedicated service to America.

Since 1986, the Office of Minority Health has been working to improve and protect the health of racial and ethnic minorities by developing health policies and programs, coordinating minority health activities throughout the U.S. Department of Health and Human Services, and supporting communities to help eliminate health disparities.

Thank you to all the trailblazers who have contributed to minority health over the past 20 years and to all who are leading the way to a healthier future. We have made great strides in minority health and working together, we can achieve quality health care for America.

QUALITY HEALTH CARE FOR AMERICA

For more information on the Office of Minority Health, go to
www.omhrc.gov • 800-444-6472

Centers for Disease Control & Prevention (CDC)
OFFICE OF MINORITY HEALTH
& HEALTH DISPARITIES (OMHD)

CDC's OMHD joins HHS' Office of Minority Health in celebrating 20 years of accomplishment initiated by Sec. Heckler's Report and the formation of the HHS Office of Minority Health. In supporting the 2006 National Leadership Summit on Eliminating Racial & Ethnic Disparites in Health, CDC renews its commitment to completing the task.

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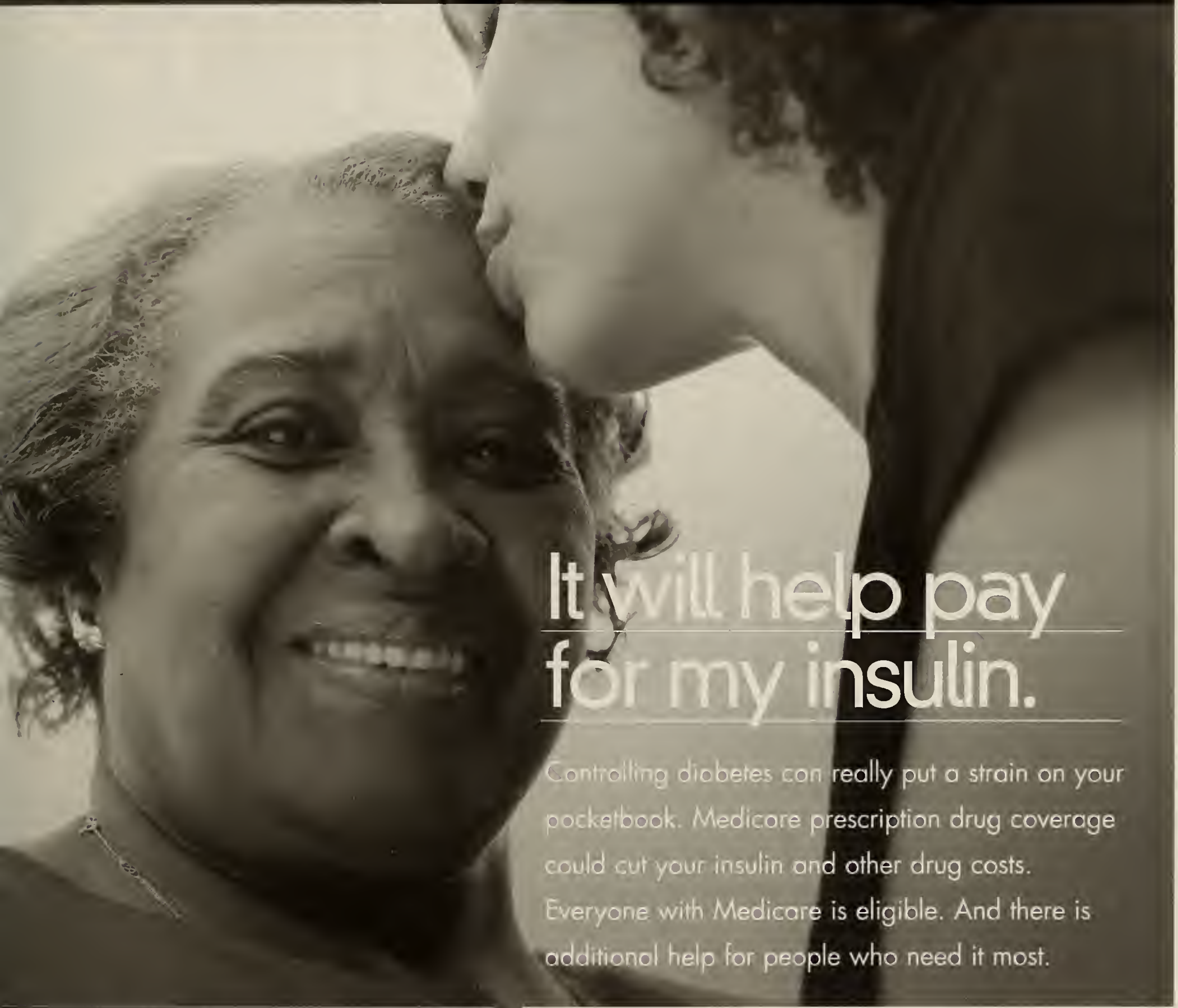

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Working to Eliminate Racial and Ethnic Disparities in Health

The Office for Civil Rights (OCR)

of the U. S. Department of Health & Human Services (HHS) enforces Federal laws that prohibit discrimination by health care and human service providers that receive funds from HHS, and that protect personal health information privacy rights.

Federal civil rights laws prohibit discrimination based on:

- Race
- Color
- National Origin
- Disability
- Age
- Religion
- Sex

OCR provides

- public education
- outreach
- complaint investigation and resolution
- compliance reviews
- technical assistance

and other activities …

…to prevent and eliminate discriminatory barriers and to protect the privacy of personal health information.

In the spirit of this Summit, OCR looks forward to working with its partners at all levels to eliminate racial and ethnic health disparities due to discriminatory practices.

Find out how OCR can help you!

Call toll free:
1-800-368-1019 (Voice)
1-800-537-7697 (TDD)
Or visit our website at: www.hhs.gov/ocr

ELIMINATING HEALTH DISPARITIES

NCMHD

National Center on Minority Health and Health Disparities
National Institutes of Health, U.S. Department of Health and Human Services

Our Programs

NCMHD Health Disparities Centers of Excellence

NCMHD Community-Based Participatory Research

NCMHD Loan Repayment

NCMHD Research Endowment

NCMHD Small Business Innovation Research/Small Business Technology Transfer

Minority Health and Health Disparities International Research Training (MHIRT)

Research Infrastructure in Minority Institutions (RIMI)

National Center on Minority Health and Health Disparities

National Institutes of Health
U.S. Department of Health
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6707 Democracy Blvd.,
Suite 800
MSC 5465
Bethesda, MD 20892-5465

Website: www.ncmhd.nih.gov

Phone: 301-402-1366
TTY: 301-451-9532
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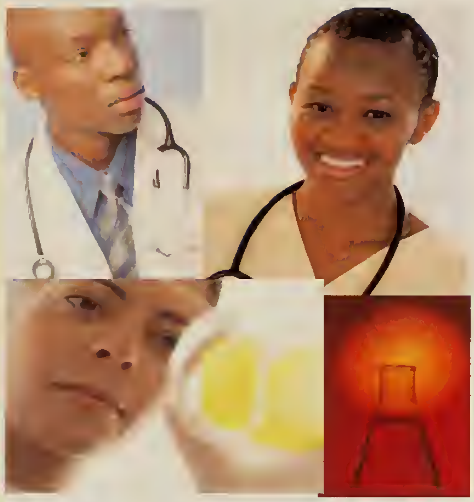

NCMHD serves as the focal point for the NIH effort to eliminate racial and ethnic health disparities. The mission of the Center is to promote minority health and to lead, coordinate, support, and assess the NIH effort to eliminate health disparities.

We envision an America in which all populations will have an equal opportunity to live long, healthy and productive lives.

NCMHD *conducts/supports* basic, clinical, social sciences, and behavioral research;
Promotes research infrastructure and training;
Fosters emerging programs;
Disseminates information; and
Reaches out to minority and other health disparity communities.

"My sister has been a breast
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It is essential that African American women, Latinas, American Indians/Alaska Natives, Asian/Pacific Islanders, and women 65 and over of all demographics participate in the Sister Study so that study results benefit all women in the U.S.

Will you help spread the word about the Sister Study to women and health professionals in your community?

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Micah and Heidi Stampley

Gospel artists and parents of five

Your baby takes after you.

"Heidi and I are a team, whether we're on the road as gospel artists or at home, as mom and dad tofive active kids. During each pregnancy, I supported Heidi's healthy choices, not smoking, drinking, or using drugs and getting early prenatal care. We took these steps to help reduce our children's risk of being premature, underweight or even not surviving their first year of life."

– Micah Stampley

To learn more, call 1-800-444-6472.

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National Association of State Offices of Minority Health

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Mission Statement: *To promote public health policies and practices that assure and protect the total health and well being of racial and ethnic minority communities, tribal organizations and nations.*

The National Association of State Offices of Minority Health (NASOMH) is an organization dedicated t protecting and promoting the health and well-being of racial and ethnic minority communities, tribal organizations and nations in all fifty (50) states and territories.

NASOMH is dedicated to:

- Informing and advancing the national discussion on minority health, cultural competence, and the elimination of racial and ethnic disparities in health and healthcare.
- Informing state and local governments of policies, rules and regulations to ensure capacity building, viability, and efficacy of State Offices of Minority Health.
- Implementation, monitoring and evaluating, training, research, community outreach, information dissemination, practice and policy development to improve the health of racial an minority communities, tribal organizations and nations in all fifty (50) states and U.S. territories.

Guiding Principles:

- Eliminate Health and Health Care Disparities
- Capacity Building
- Empower Communities
- Accountability

For more information contact:

Lisa R. Stafford, The Ohio Commission on Minority Health, (614) 466-4000
77 South High Street, 7th Floor, Columbus, Ohio 43215

National Cancer Institute

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- Cancer Information
- Research Resources
- Grants and Funding
- Training and Fellowships

myNCI

www.cancer.gov
1-800-4-CANCER

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
National Institutes of Health

2006 HIV/AIDS Observance Days

Educating, Motivating and Mobilizing Communities Throughout the Year

February 7 *National Black HIV/AIDS Awareness and Information Day*

This annual observance day was created to raise awareness among African Americans about HIV/AIDS and its devastating impact on their communities.

March 10 *National Women and Girls HIV/AIDS Awareness Day*

The inauguration of this day will be in 2006. This day was crea ted to raise awareness about the rising numbers of women and girls who are at risk of or infected with HIV or AIDS.

May 18 *HIV Vaccine Awareness Day*

This observance provides a great opportunity to thank the thousands of people who are working to help find an HIV preventive vaccine—the clinical trial volunteers, nurses, community educators/recruiters and the researchers.

May 19 *National Asian and Pacific Islander HIV/AIDS Awareness Day*

This observance day provides an opportunity to raise awareness among Asians and Pacific Islanders in the U.S. about the devastating impact of HIV/AIDS.

June 27 *National HIV Testing Day*

This annual observance is critical to the fight against HIV/AIDS because it presents an opportunity for people across this country to learn their HIV status and to gain the knowledge they need to take control of their health and their lives.

October 15 *National Latino AIDS Awareness Day*

This observance marks an opportunity to spread awareness of the devastating and disproportionate effects AIDS is having in the Latino community.

December 1 *World AIDS Day*

Observance of this day provides an opportunity for governments, national AIDS programs, churches, community organizations and individuals to demonstrate the importance of the fight against HIV/AIDS.

For more information and resources on these days, please visit:

www.omhrc.gov/hivaidsobservances

DEPARTMENT OF HEALTH & HUMAN SERVICES·USA

The Leadership Campaign on AIDS

I'm not pregnant...

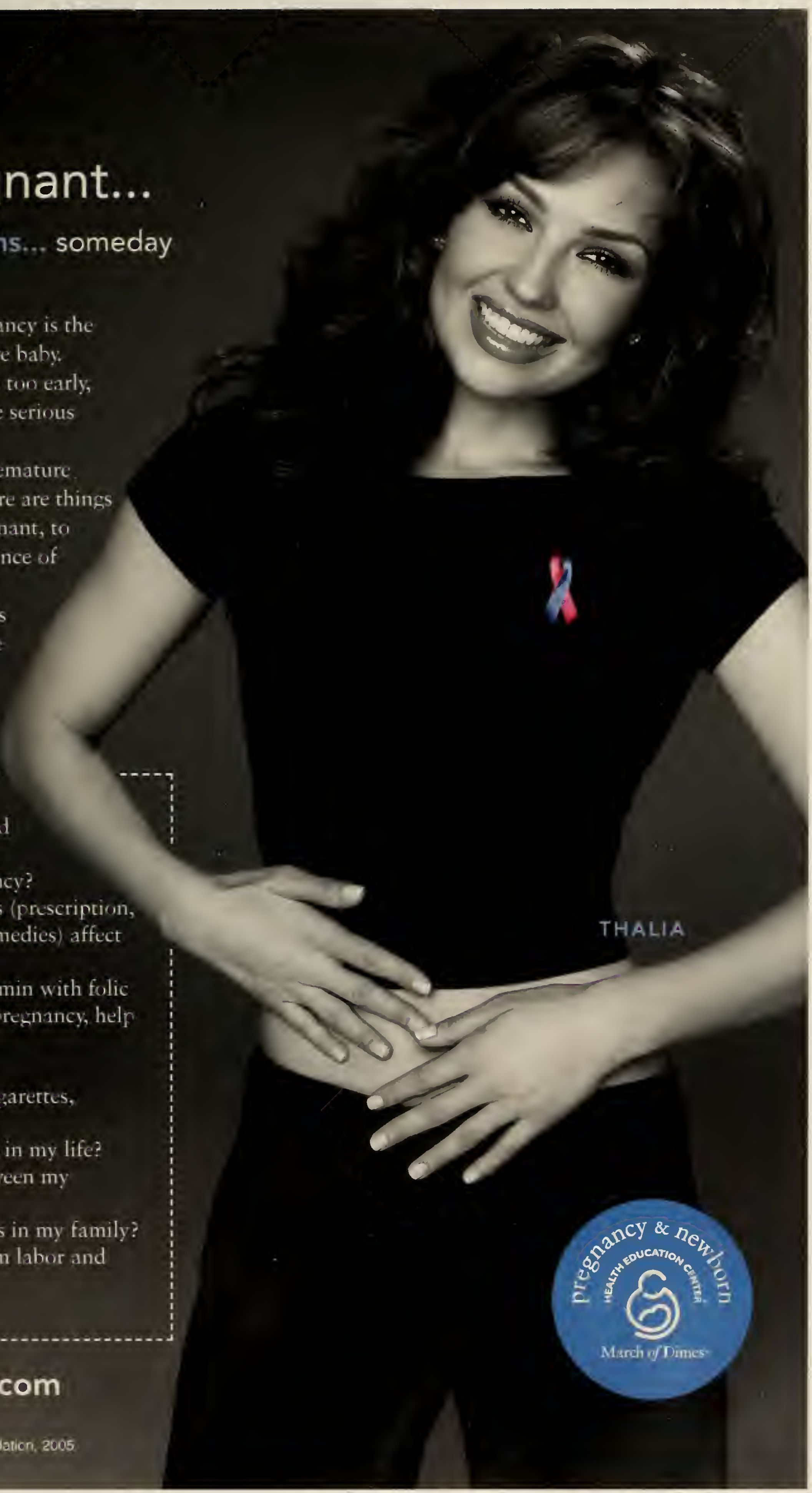
but I want my 9 months... someday

9 months of a healthy pregnancy is the best gift you can give your future baby. More and more babies are born too early, and those who survive may have serious health problems.

We often don't know why premature birth happens. We do know there are things you can do, before you get pregnant, to help give your baby a better chance of a healthy and full-term birth.

March of Dimes recommends you see a doctor or nurse before and during pregnancy to talk about the following topics.

1. How can diabetes, high blood pressure, infections or other conditions affect my pregnancy?
2. How can certain medications (prescription, over-the-counter or home remedies) affect my pregnancy?
3. How does taking a multivitamin with folic acid daily, especially before pregnancy, help me have a healthy baby?
4. What is my ideal weight?
5. How can I stay away from cigarettes, alcohol and illegal drugs?
6. How can I manage the stress in my life?
7. How long should I wait between my pregnancies?
8. What if premature birth runs in my family?
9. What are the signs of preterm labor and what should I do?



pregnancy & newborn
HEALTH EDUCATION CENTER
March of Dimes

marchofdimes.com

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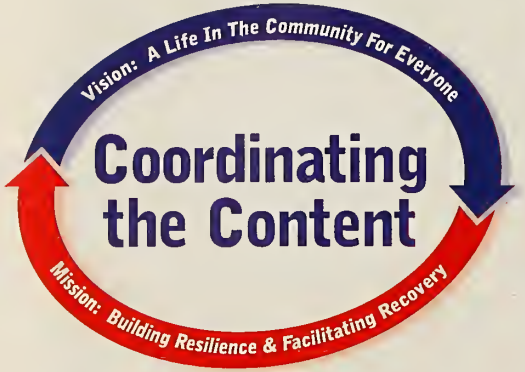
Vision: A Life In The Community For Everyone
Mission: Building Resilience & Facilitating Recovery

Coordinating the Content

"Built on the principle that people of all ages, with or at risk for mental or substance use disorders, should have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends."

Charles G. Curie, M.A., A.C.S.W.
Administrator, SAMHSA

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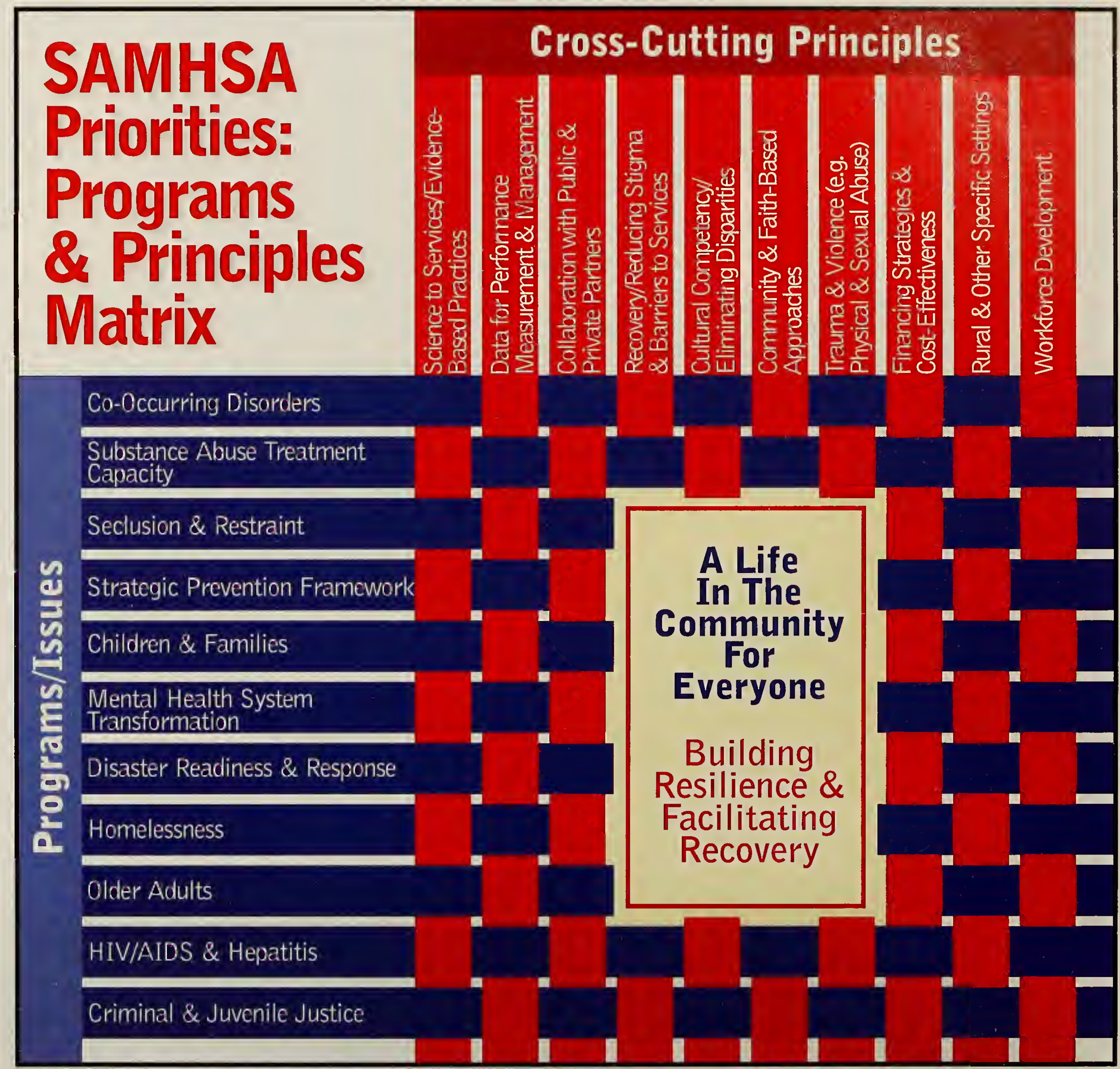
HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health
Services Administration
www.samhsa.gov

SAMHSA Priorities: Programs & Principles Matrix



Cross-Cutting Principles

- Science to Services/Evidence-Based Practices
- Data for Performance Measurement & Management
- Collaboration with Public & Private Partners
- Recovery/Reducing Stigma & Barriers to Services
- Cultural Competency/Eliminating Disparities
- Community & Faith-Based Approaches
- Trauma & Violence (e.g. Physical & Sexual Abuse)
- Financing Strategies & Cost-Effectiveness
- Rural & Other Specific Settings
- Workforce Development

Programs/Issues

- Co-Occurring Disorders
- Substance Abuse Treatment Capacity
- Seclusion & Restraint
- Strategic Prevention Framework
- Children & Families
- Mental Health System Transformation
- Disaster Readiness & Response
- Homelessness
- Older Adults
- HIV/AIDS & Hepatitis
- Criminal & Juvenile Justice

A Life In The Community For Everyone

Building Resilience & Facilitating Recovery

Things that can break your heart:

A sad movie

Your first love

Losing a championship

Your first child leaving home

Diabetes

The complications of diabetes often go undiagnosed, and are far more serious than you might think. Most people with diabetes also have high blood pressure and cholesterol, which can cause severe heart damage. In fact, 2 out of 3 people with diabetes die from heart disease or stroke.

But it's not too late. You can reduce your risk of heart disease and stroke by lowering your blood sugar, blood pressure and cholesterol. Learn how.

Call 1-800-DIABETES for your free "Diabetes Survival Guide".

Make The Link!
Diabetes Heart Disease and Stroke™

American Diabetes Association.
Cure • Care • Commitment™

AMERICAN COLLEGE of CARDIOLOGY

www.diabetes.org

Don't miss this opportunity . . . Register early!

NCEMNA 2006 2nd Annual Conference
"Creating Research Careers: Expanding the Research Network"
Wyndham Hotel, Chicago Il
March 10-12

NAHN, NANAINA, PNAA, AAPINA, NBNA
Creating Research Careers through:
Aetna Scholars
Nurse Researcher Network
Nurse Researcher Mentee/Mentors Program

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National Coalition of Ethnic Minority Nurse Associations, Inc.

National Association of Hispanic Nurses • National Alaska Native American Indian Nurses Association
Asian American Pacific Islander Nurses Association • Philippine Nurses Association of America
National Black Nurses Association

National Coalition of Ethnic Minority Nurse Associations 6101 West Centinela Avenue Suite 378 Culver City, CA 90230
Tel: 310- 258-9515 Fax: 310-258-9513 info@ncemna.org

Stroke affects three kinds of people.
Men
Children
Women

At the age of 27, father and husband Cedric Douglas was paralyzed by a stroke that eventually took his life. He wasn't the only victim. Stroke is America's number three killer and a leading cause of long-term disability. The American Heart Association can help provide lifesaving information for your family. We have the research. We have the knowledge. Let us share it with you.

americanheart.org or 1-888-AHA-2222

American Heart Association®
Learn and Live℠

Visit or call now for your free Health Quiz and American Heart Association Cookbook

Offer good while supplies last. Limit one per household. ©2005 American Heart Association, Inc. All rights reserved. Unauthorized use prohibited.

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Summit Education Committee

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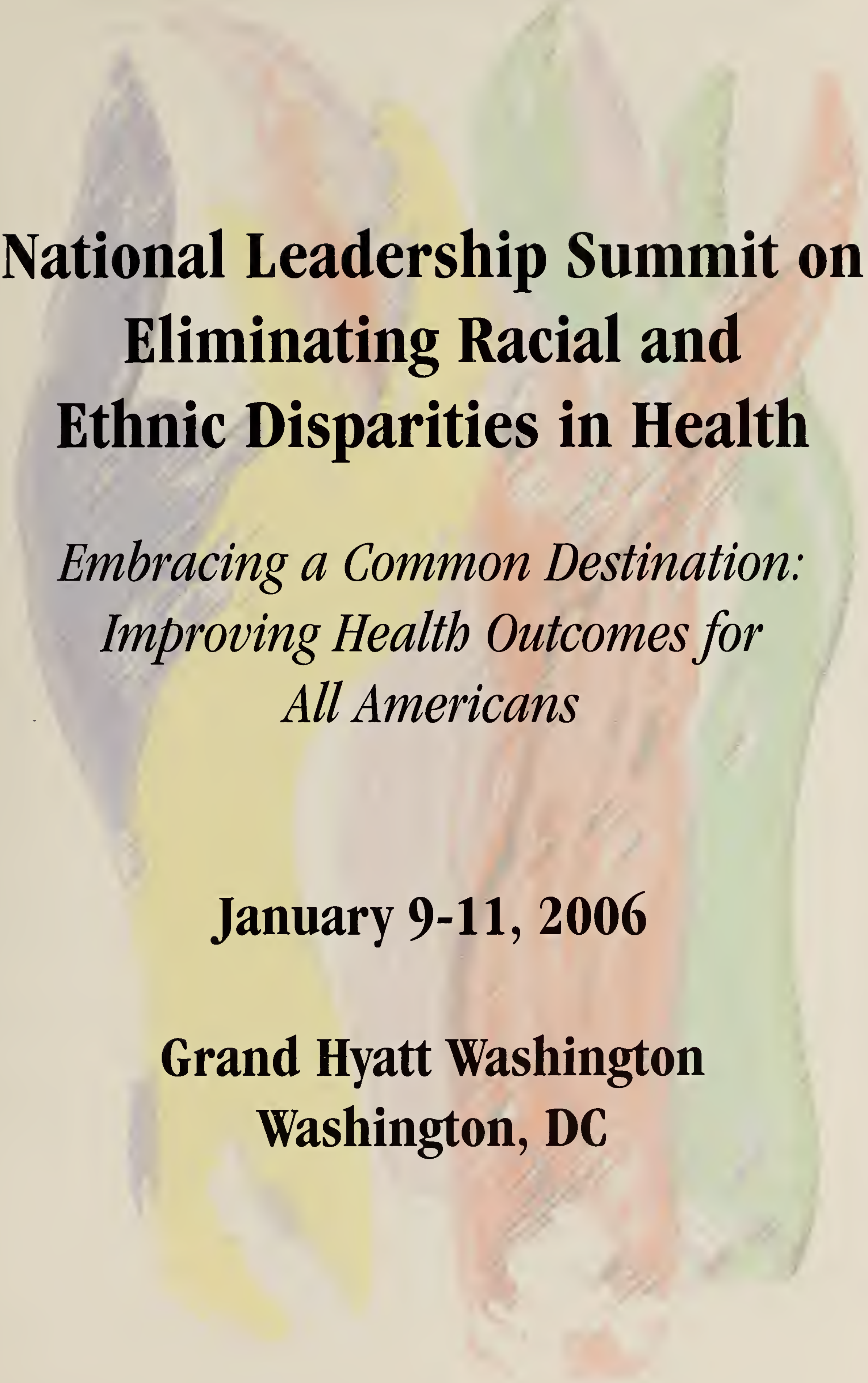

National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health

Embracing a Common Destination: Improving Health Outcomes for All Americans

January 9-11, 2006

Grand Hyatt Washington
Washington, DC

Program at a Glance

GRAND HYATT WASHINGTON, WASHINGTON, D.C.

PROGRAM AGENDA ▪ MONDAY, JANUARY 9, 2006
Evolution and Advancements in Health Disparities

OPENING SESSION

8:00 am - 8:30 am **CEREMONIAL OPENING AND WELCOME**

Presentation of Colors	Public Health Service Honor Corps
Cultural Welcome	Drummers
National Anthem	**Yvette Cooper** Centers for Medicare and Medicaid Services
Blessing	**Clayton Old Elk** Crow Tribe, Indian Health Service
Opening Remarks	**Garth N. Graham, MD, MPH** Deputy Assistant Secretary for Minority Health
Welcome	**John O. Agwunobi, MD, MBA, MPH** Assistant Secretary for Health

8:30 am - 9:30 am **LEADERSHIP & HEALTH DISPARITIES (PL1)**

Improving the Quality of Care for All Americans
Keynote Address: **The Honorable Michael O. Leavitt**, Secretary
U.S. Department of Health and Human Services

Community Leadership
Presenter: **Regina Benjamin, MD**, Founder and CEO
Bayou La Batre Rural Health Clinic

This presentation will discuss how communities can inform national planning, how individuals can provide leadership, and how each of us can serve as positive change agents in the lives of others.

State Leadership
Presenter: **Eduardo Sanchez, MD, MPH**, Commissioner, Texas Department of State Health Services

This presentation will address how states are taking leadership and establishing the elimination of health disparities as a priority throughout public health functions.

9:30 am - 10:30 am **THE NEW ERA IN HEALTH CARE & HEALTH DISPARITIES (PL2)**

The National Healthcare Disparities Report (NHDR)
Presenter: **Carolyn Clancy, MD**, Director, Agency for Healthcare Research and Quality

This session will provide highlights and implications from findings of the 2005 NHDR

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Practice Makes Perfect
Presenter: **Arthur Chen, MD**, Chief Medical Officer, Alameda Alliance for Health

This session will focus on improving and delivering quality care to patients

Medicare Outreach to Minority Seniors
Presenter: **Mark McClellan, MD, PhD**, Administrator

This session will address how minority seniors can benefit from Centers for Medicare and Medicare coverage

10:30 am - 10:45 am **BREAK**

10:45 am - 11:45 am **SETTING A COURSE FOR IMPROVEMENT (PL3)**

The Provider/Patient Relationship is Fundamental
Discussants:
John Nelson, MD, Immediate Past President, American Medical Association
Deborah Prothrow-Stith, MD, Associate Dean for Faculty, Harvard School of Public Health
Lisa Cooper, MD, Associate Professor of Medicine, Epidemiology, and Health Policy, Johns Hopkins University
Donald Goldmann, MD, Medical Director of Health Outcomes

This session will explore aspects of patient-centered care and efforts for improving the patient provider dynamic in the areas of cultural competency and health literacy

11:45 am **BREAK**

12:00 pm - 1:00 pm **KEYNOTE: Provider-Patient Communication: Can You Hear Me Now? (PL4)**

Reed V. Tuckson, MD, Senior Vice President of Consumer, Health and Medical Care Advancement, United Health Group

1:15 pm - 2:15 pm **CONCURRENT SESSIONS**

(A1) Addressing HIV/AIDS Health Disparities through Federal, State, and Local Collaborative Efforts
Moderator: **C. Bates**
Presenters: **A. Santana** and **E. Loveluck**

This session will describe efforts in the Hispanic/Latino community to develop HIV/AIDS prevention, treatment, policy, programs and leadership initiatives. The strategies described in this session will assist community providers, public health officials, Hispanic/Latino leaders, among other health and policy professionals to better focus efforts targeting Hispanic/Latino youth.

(A2) National, State, and Local Leadership to Improve Health Care Outcomes for Minority and Limited English Proficient (LEP) Communities
Moderator: **G. Pacheco**
Presenters: **M. Youdelman, J. Honma** and **V.J. Burroughs**

This session will describe efforts to foster improved responsiveness of the health care delivery system to an increasingly diverse U.S. population. Discussions will address funding and resources for language services, programs to improve health care services for LEP populations, and local leadership.

(A3) Racial Disparities in Childhood Immunization Rates - Policy Implications
Moderator: **H. Dean**
Presenters: **L.A. Blewett, K. A. Thompson** and **S. Hutchins**

This session will describe the results of the National Immunization Survey and its implication for public health policy. The analysis of data from four Louisiana parishes will be used to demonstrate the strong correlation between health care access and child vaccination rates. Considerations for addressing childhood disparities post Hurricane Katrina will also be examined.

(A4) Removing Barriers to Health Insurance for Hispanic Populations
Moderator: **J. Harley**
Presenters: **N. Arevalo** and **J.R. Albertorio**

This session will describe culturally competent strategies to mobilize enrollment of uninsured Hispanic/Latino pregnant women and children in health insurance. The experiences and uninsurance rates of Hispanics/Latinos in Chester County, the wealthiest county in Pennsylvania, and four states along the US/Mexico border will be used to address proven strategies to improve enrollment.

(A5) National, Regional and Community Strategies to Increase Diversity of the Health Workforce
Moderator: **C. Boyce**
Presenters: **J. Ng-Osorio, N. Spock** and **J. Maloney**

This session will showcase national, regional and community strategies to improve health workforce diversity. In particular, special curriculum modules will be discussed, and methods to link minorities to credentialing programs addressed.

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Evolution and Advancements in Health Disparities

(A6) State Collaborative to Eliminate Health Disparities
Moderator: **L. Olivas**
Presenters: **N. Gouldin, A. Novais** and **N. Jewell**

This session will discuss two state experiences in developing collaboratives to address health disparities that include state, private, legislative, health care, and community leaders. The presentations will include an effective model for incorporating health disparities responsibilities to all divisions within a state health department.

(A7) Strengthening Efforts to Eliminate Heath Disparities Through Evaluation
Moderator: **V. Welsh**
Presenters: **L. Harris** and **G.M. Musolino**

Evaluation and research are integral to programs aimed at eliminating health disparities. A panel will discuss a statewide evaluation collaboration including identification of objectives, evaluation strategies, data collection, and analysis of approaches. The session also will describe approaches to build and strengthen the capacity of organizations serving minority populations.

(A8) Variables Affecting Health Disparities: Engaging in Community-Based Participatory Research and Clinical Trials
Moderator: **B. Williams**
Presenters: **C.R. Baquet, W. Burman** and **D.T. Brandon**

Marked racial and ethnic differences in income at a given educational level and in wealth at a given income level raise questions about the socioeconomic comparability of individuals who are similar on education or income alone. Presenters will provide their perspective on the impact of segregation and socioeconomic status on health disparities

(A9) Community Involvement in Racial and Ethnic Disparities in Cancer
Moderator: **C. Winston**
Presenters: **M. Glassman** and **K.L. Ramsey**

This session examines factors influencing racial and ethnic disparities in cancer research and treatment, and will address effective screening, data collection and community involvement.

(A10) Patient-Centered Health Technology Innovations
Moderator: **L. Dolan-Branton**
Presenters: **C. Greene** and **J. Baggett**

Racial and ethnic communities suffer disproportionately from chronic diseases due to a lack of access to quality care. The Patient Electronic System was developed by Matthew Walker Comprehensive Health Center to support diabetic patients in improving the management of their disease. Florida's Community Health Assessment Resource Tool Set (CHARTS) is another consumer-centered leader in web-based technology that provides residents with information about the health status of their communities.

(A11) HIV Among Immigrant and Refugee Communities
Moderator: **M. Korto**
Presenters: **Y. R-Escobar** and **S.M. Gran-O'Donnell**

Immigrants and refugees come from widely diverse cultural backgrounds and settle in areas that may not be accustomed to international and cross-cultural migration. As U.S. service providers try to address HIV/AIDS among immigrants, they face both epidemiologic and socio-cultural challenges such as cultural and language barriers. This workshop will highlight lessons learned in HIV in three immigrant and refugee communities: 1) The Madrina (Godmother) Project in San Antonio, TX; 2) The African Refugee and Immigrant Project in Dekalb County, GA; and 3) Project HANDLE - Cambodians in Seattle, WA.

(A12) Models for Addressing Behavioral Health in Minority Populations
Moderator: **T. Bryant**
Presenters: **T.L. Gipson-Jones, D. Christmas** and **I.J.W. Miles**

This workshop will explore mental health and well-being related to work-family conflict and psychological well-being, maternal depression and racial/gender discrimination and coping style on depression and anxiety among African Americans.

(A13) Vaccination Coverage by Special Health Care Needs Status in Young Children
Moderator: **H. Hunter**
Presenters: **K. Wooten, N.M. Nakra**, and **K.S. O'Connor**

The workshop will focus on how childhood immunization rates vary by race/ethnicity and socioeconomic conditions.

(A14) Addressing the Health Needs of Women of Color with Disabilities
Moderator and Presenter: **S. Russell**

Women of color with disabilities use fewer health care services, often resulting in premature death and disease. This session will address the challenges encountered by this population in accessing health care services and highlight opportunities to reduce disparities through changing attitudes of public health workers, increased training for providers, and building partnerships with community based organizations.

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Evolution and Advancements in Health Disparities

(A15) Training Physicians and Other Health Care Providers in Cultural Competency

Moderator: **M. Mau**
Presenters: **J. Bussey-Jones, S.T. Nelson** and **S.T. Thaker**

Doctor-patient interaction is the most common and central interaction between individuals and the healthcare system. This session will discuss how education and life experiences affect the cultural competence of healthcare providers. It will also recommend tools to measure individuals' cultural competence and a practical approach for teaching cultural competency in a healthcare organization.

(A16) Improving Diabetes Knowledge and Self-Management Skills

Moderator: **A.S. Gerber**
Presenters: **N. Aitaoto, T. Tellez** and **A. Castillo**

Self-management education is an effective way to change the health outcomes of diabetic patients. This session will identify methods to modify best practices and apply knowledge to address diabetes concerns in Latino communities, describe the effectiveness of a culturally competent educational curriculum to improve diabetes knowledge and self management skills, and barriers to and ingredients for changing behavior and health outcomes.

(A17) Eliminating Disparities in Mental Health

Moderator: **W. Hewitt**
Presenters: **J.C. Probst, A. Neal-Barnett** and **H. Acosta**

Untreated depression impairs quality of life and may result in suicide; however, symptoms can be reduced by effective treatment. Studies have shown that minorities with depression are less likely to seek mental health assistance. This session will describe major factors associated with not reporting symptoms, identify key components in implementing psycho-educational groups, and describe culturally appropriate means to educating limited English proficient patients on mental illness and mental health.

(A18) Patient Distrust and the American Healthcare System - Overcoming the Legacy of Tuskegee

Moderator: **H. Lawson**
Presenters: **M. Wynia, R. Freeman,** and **W. Hauser**

This session will discuss the historical context of patient distrust in the American healthcare system, how consequences of this distrust (such as low participation in clinical trials) places minority patients at a disadvantage in receiving preventive care and in accessing newer treatments, and efforts to increase minority participation in healthcare and research.

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Evolution and Advancements in Health Disparities

2:30 pm - 3:30 pm **CONCURRENT SESSIONS**

(B1) Expanding Access to Preventive Screenings for Underserved Women
Moderator: **A. Smith**
Presenters: **M.K. Hargreaves, E. Portilla** and **E. Childs**

This session will describe the influence of demographic factors, socioeconomic status, and health status on screening for breast, cervical, and colorectal cancers and how other factors, such as religiousness, are associated with mammography use. The session will also present a Latina breast and cervical cancer screening initiative for uninsured women and strategies to expand access to other preventive screenings and services.

(B2) Disparities in Prostate Cancer Screening and Treatment
Moderator: **L. Jones**
Presenters: **S. Weinrich** and **W.U. Underwood**

This session will describe a Surveillance Epidemiology End Result (SEER) study comparing specific treatment modalities between African American, Hispanic, and Caucasian men and cancer screening in high-risk men to those of the general population. It also will discuss the relationship between providers and African American men and the use of definitive treatment.

(B3) Reaching Underserved Populations with Mental Health and Health Care Services
Moderator: **J. Pettis**
Presenters: **S.T. Adams, P.M. Alberti, J. Calista** and **C.R. Larrison**

This session will focus on models to identify, better understand, and more appropriately address cultural and psychological barriers to mental health and health care services for racial/ethnic minorities. The session will include discussions regarding training for mental health and health care providers to assist in understanding cultural values and culture-bound expressions of psychological/emotional distress in racial/ethnic communities and tailoring therapeutic interventions to these populations. Discussions also will include how mistrust of the health care system/environment pose barriers to mental health service use for racial/ethnic minorities.

(B4) Culturally Competent Organizations: Models for Comprehensive, Coordinated Care Delivery
Moderator: **L. Nolan**
Presenters: **S. Wilber, L. Locklin** and **M. Alvarez**

This session will describe how a deficit in access to comprehensive, coordinated health and social services for American Indian and Alaska Native communities inhibits the ability of these communities to effectively address their disparities. Discussions will include approaches for tribal and other organizations to collaborate on participatory, integrated multi-sector health and social services planning; existing models of care and models tailored to AI/AN communities; and collaborative efforts between state officials, local communities, and tribes.

(B5) **Partners in Research: Linking Clinical Research and Practice**
Moderator: **F. Chesley**
Presenters: **S. Perryman, K. Burns White** and **C. Hastings**

This workshop will provide participants with conceptual models for building health disparities research opportunities between non-traditional partners. These partnerships bring together the strengths of each institution in removing barriers to addressing health disparities. It also describes ways in which collaborative teams of researchers including nurses, scientists, and students can work together to enhance translation of research into practice.

(B6) **Best Practices in Cultural Competence Education and Research**
Moderator: **T. Daniels**
Presenters: **F.T. Odedina** and **C. Braddock**

This session will provide participants with techniques used to increase research capabilities of minority faculty and relate such training to the expansion of recruitment opportunities for professionals interested in health disparities research. In addition, the workshop will provide a discussion of cultural competency training for health professions students and practitioners, and identify best practice strategies.

(B7) **Adapting Sampling and Analytic Tools for Data and Policy Development**
Moderator: **B. Truman**
Presenters: **A.L. Heckert, P.A. Holkup** and **C.M. Croner**

This session will focus on three components of improving research and data on racial and ethnic populations by engaging them in effective and culturally-sensitive research: (1) sampling methodology; (2) culturally-sensitive data collection, communication, and sustainable research on minorities; and (3) the use of geospatial analysis to conduct standardized public health outcome measurement for cost effective investment and public health policy decisions.

(B8) **Communities, Culture and Data Collection: Strategies for Enhancing Racial and Ethnic Data**
Moderator: **B. James**
Presenter: **S. Parker**

This session will highlight methods for improving the collection of racial and ethnic data in a culturally appropriate manner, as well as address data quality issues for management and reporting purposes.

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Evolution and Advancements in Health Disparities

(B9) Virtual Education and Training Programs Meeting the Needs of Hard of Hearing or Deaf and Migrant Communities
Presenters: **E. Cherow, D. Jay-Pang** and **S. Moner**

Web-based learning has the potential for building knowledge and skills development for those with Internet access. This workshop will include a discussion on Virtual Education Programming strategies that enhance learning particularly among those who are hard of hearing or deaf. Another, new online training is the pilot with the Milagros Center of Excellence in Migrant Health of South Texas College and Georgetown University, to strengthen the capacity of health providers to meet the needs of migrant families.

(B10) Multi-Media Health Promotion Programs in HIV and Incarcerated Populations
Moderator: **J. Blackwell**
Presenters: **A. Salandy** and **L. Ayanwale**

Many inmates have been involved with intravenous drug use and unprotected sex, putting them at risk for HIV. Rape and intravenous drug use inside prisons place all inmates at exceptionally high risk for HIV infection. This workshop will highlight two innovative models for increasing and promoting HIV awareness and prevention strategies in prison settings such as NIDA-funded HIV/Hepatitis prevention intervention for inmates re-entering society and a three-year prevention education project using interactive and passive training techniques among HIV-negative inmates in Alabama.

(B11) Issues of Partner Violence among Racial and Ethnic Minority Women
Moderator: **F. Ashe-Goins**
Presenters: **V.A. Anyikwa** and **M. Leung**

Intimate partner violence has been associated with a wide range of mental health problems, psychological distress symptoms among survivors of abuse, as well as an increased risk for HIV. Posttraumatic stress disorder symptoms have been linked with more severe forms of physical and sexual abuse. This workshop will examine intimate partner violence among African American and Asian/Pacific Islander women, the impact on women's health, and community based responses.

(B12) Improving Oral Health Among Communities of Color
Moderator: **A. Lester**
Presenters: **C.J. Alexander, A. Slaughter** and **J. Sinkford**

In his report on Oral Health, the U.S. Surgeon General emphasized the fact that poor oral health leads to poor general health. The Health and Human Services' Healthy People 2010 has national objectives to help close disparities in oral health status among high-risk populations. This workshop will examine the oral health disparities among minority pregnant women and older African American adults, as well as socioeconomic effects on tooth loss.

(B13) Cardiovascular Disease Prevention In Non-Traditional Health Care Settings
Moderator: **V. Woo**
Presenters: **S. Tillis, J.P. Cyprus** and **E. Torres**

This session will explore the avenues in providing cardiovascular health information and health screenings in non-traditional health care settings and resource centers. Presenters will discuss success stories on the use of barber shops and hair salons to promote healthier lifestyles. The session will also focus on how promotoras teach Latinas how to keep their traditions alive at the dinner table without putting their families at risk for CVD

(B14) Using the Federal Standards for Culturally and Linguistically Appropriate Services (CLAS) to Improve the Health Status of Minority Populations
Moderator: **N. Agbayni**
Presenters: **S. Roussos** and **J. Rodriguez-Diaz**

Barriers due to socioeconomic status, race, ethnicity, and language can increase exclusion from health programs, delays or denials of services, and ultimately poorer healthcare and health outcomes. This session will outline how the CLAS standards can be used to develop and frame the findings of an assessment of environmental and staff cultural competency in health care organizations. This workshop will also provide participants information on the key components of an effective cultural competency training and demonstrate effective methods for delivering a skills-building workshop on CLAS.

(B15) Disparities Among the Elderly Minority Communities: Homogenenous Experiences?
Moderator: **K. Loughery**
Presenters: **K. Jones, Y. Cruz** and **C. Fong**

Minority elders continue to face barriers to healthcare access as a result of low literacy, lack of English proficiency, low social-economic status, lack of health insurance, and system isolation, among other factors. This presentation will address policy level (macro), community level (mezzo), and direct interventions (micro) that can be taken to address barriers and identify solutions. The session also will include a presentation on the Medicare Modernizations Act (MMA), commonly known as Medicare Part D or Medicare Prescription Drug coverage, and how it will contribute to reducing health disparities that racial and ethnic minority elders are experiencing.

3:30 pm - 3:45 pm **BREAK**

PROGRAM AGENDA ▪ MONDAY, JANUARY 9, 2006

Evolution and Advancements in Health Disparities

2:30 pm - 4:45 pm **INSTITUTES**

(B16) INSTITUTE: National Healthy People Objectives to Reduce Disparities: Unfinished Business
Moderator: **D. Nichols**
Presenters: **S. Proctor, L. Gbetibouo, K. Keppel, J. Pearcy, E. Reidy** and **K. Turczyn**

This session features a series of presentations on Healthy People 2010 progress toward reducing health disparities through highlighting measurement and policy considerations.

(B17) INSTITUTE: Implementing Effective Diabetes Campaigns and Interventions
Moderator: **J. Gallivan**
Presenters: **C. Horowitz, S. Och, S. Daves, J. Gallivan** and **C. Ruddock**

The Institute on Diabetes will focus on the major contributors to Type 2 diabetes, a growing problem for an increasing proportion of the U.S. population. Over 41 million Americans are estimated to have pre-diabetes, putting them at risk for Type 2 diabetes. Type 2 diabetes is the most prevalent form of diabetes and is associated with co-morbid conditions such as obesity and cardiovascular disease. Without proper treatment and therapy, type 2 diabetes can lead to severe complications, such as end-stage renal disease and retinopathy, the leading cause of blindness in the U.S.

(B18) INSTITUTE: Closing the Gap–Integrating Knowledge to Improve Birth Outcomes in the African-American Community
Moderator: **J. Moreno**
Presenters: **L. Fehrenbach, J.C. Wisniewski, E.A. Howell, T.A. Parker Dominguez, S.L. Zachary, S. Eubanks-Worlds** and **B. Buxton**

This institute will highlight birth outcome data from specific studies amongst racial/ethnic groups to address the issue of racial disparities in birth outcomes and show the severity of the problem.

(B19) INSTITUTE: Racial and Ethnic Approaches to Community Health I: Increasing Data, Surveillance and Community Trust
Moderator: **W. Giles**
Presenters: **Y. Liao, J. Marshall, C. Jenkins** and **M.A. Foo**

The Racial and Ethnic Approaches to Community Health (REACH 2010), a community-based program, is a cornerstone of the Centers for Disease Control and Prevention's efforts to eliminate racial/ethnic disparities in health. REACH coalitions comprise a community-based organization and three other organizations, of which at least one is either a local or state health department or a university or research organization. Community coalitions design, implement, and evaluate community-driven strategies in six priority areas: cardiovascular disease, immunizations, breast and cervical cancer screening and management, diabetes, HIV/AIDS and infant mortality. Presenters in this session will describe interventions developed by REACH community coalitions and their impact.

PROGRAM AGENDA ▪ MONDAY, JANUARY 9, 2006

Evolution and Advancements in Health Disparities

(B20) INSTITUTE: Beyond Barriers: Engaging Racial and Ethnic Minorities in Mental Health Services
Presenters: **S. Aguilar-Gaxiola, S. Shon** and **A. Primm**

For over two decades the focus on addressing health disparities for racial and ethnic minorities has focused largely on the high burden of illness from chronic diseases. More recently, attention has been directed toward the compounded burden on these communities from mental illness and barriers to mental health services. Studies have shown that racial and ethnic minorities are at higher risk for mental health problems (e.g., depression and anxiety) associated with chronic illness and that these populations are less likely to seek mental health services, are more likely to delay seeking mental health treatment, and are more likely to have a mental illness missed or misdiagnosed. The report of the President's New Freedom Commission on Mental Health, the supplement to the Surgeon General's report on Mental Health, *Mental Health: Culture, Race, and Ethnicity*, and other notable publications have documented the importance of eliminating racial and ethnic disparities in mental health services. This session will address ways that communities and providers can move beyond barriers and take actionable steps to address impediments to engaging racial and ethnic minorities in mental health treatment and improving access and utilization of services.

3:45 pm - 4:45 pm **CONCURRENT SESSIONS**

(C1) Approaches to Care: Strategies for Improving Patient Satisfaction
Moderator: **F. Yee**
Presenters: **S.J.A. Aragon, J.R. Betancourt** and **E.A. Jacobs**

This session will focus on infrastructural means of evaluating and improving quality of health care services to positively impact racial/ethnic minority patients. The session also will include a discussion on the effect of patient-centered care on patient satisfaction with, confidence in, and likelihood to recommend a provider. A model is presented for enabling hospital staff to identify issues in service delivery and initiate action.

(C2) Learning: An Essential Function for Improving Health Disparities
Moderator: **M. Wagner-Clark**
Presenters: **B. Gonzalez, H. Joseph** and **M.J. Wilson**

This session will focus on the importance for individuals, providers, and health systems to continually enhance their knowledge as a means for achieving health improvements. Three projects describe challenges faced in providing access to services for rapidly-growing, limited English speaking populations; perceptions of risk for tuberculosis among foreign-born, Vietnamese populations in the U.S.; and, a ten-hospital program to address cardiac care among minority populations.

PROGRAM AGENDA ■ MONDAY, JANUARY 9, 2006

Evolution and Advancements in Health Disparities

(C3) Improving Health Outcomes for Racial and Ethnic Minority Seniors
Moderator: **W. Perry**
Presenters: **J. Basu, J.C. Pressley** and **A. Rafelita**

This session will describe a study to examine and compare the underlying racial and ethnic disparities in two cardiac procedures and an orthopedic procedure among the elderly. The session also will include a discussion on outcomes from a pilot of the Injury Risk Assessment and Reduction for Elderly Populations on patients with increased injury risk.

(C4) Using Enabling Services to Break Down Barriers to Access to Health Care in the Asian American and Pacific Islander (AAPI) Communities
Moderator: **F. Sy**
Presenters: **N. Cook** and **W. Tseng**

This session will describe a nationwide evaluation of access to, and quality of, specialty care and medical services for the community health center (CHC) population and will address policy recommendations related to specialty services for CHC users. The session also will include an overview of a study on the health conditions of enabling service users at CHCs serving Asian Americans, Native Hawaiians, and other Pacific Islanders compared to non-users as well as an analysis of co-morbidities.

(C5) Diabetes and Minorities: Development and Evaluation of Effective Program Curriculum and Possible Barriers
Moderator: **K. Moraras**
Presenters: **M. Martin** and **C.S. Zometa**

Morbidity and mortality associated with diabetes is disproportionately high in African Americans and Latinos. Interventions to educate minorities about diabetes and diabetes prevention are complicated by a myriad of barriers, including those related to cultural-competency and monetary cost. This workshop discusses the paramount role of program evaluation in developing successful and effective diabetes educational interventions, particularly for populations for which little health data and research is available.

(C6) Overcoming Gaps in Knowledge and Research on the Reproductive Health of Minorities
Moderator: **D. Ashton**
Presenters: **S. Henrique** and **M. Leung**

This session highlights gaps in knowledge and research about the reproductive health of a wide range of minority populations–Latinas, Asian and Pacific Islander American, and African Americans. An action plan is outlined with both analytical and practical components for policy, programs and practice.

PROGRAM AGENDA ▪ MONDAY, JANUARY 9, 2006

Evolution and Advancements in Health Disparities

(C7) Tuberculosis and Minorities: Current Local Epidemiology, Research, and Program Evaluation
Moderator: **L. Watson**
Presenters: **J.M. Courval, S. Banerji** and **A.D. Khan**

Minorities are disproportionately affected by infectious tuberculosis (TB). Eliminating the disparity gap among race/ethnic minority groups will require intensive efforts tailored to the needs and unique circumstances of the local TB epidemiology. This session will provide an overview of the characteristics of TB in minority populations, knowledge about successful research methods, and TB interventions needed in minority communities.

(C8) Video and Web-Based Trainings for Cultural Competent Care
Moderator: **J. Sanchez**
Presenters: **A. Kenny** and **A. Johnson**

This session will discuss a practical guide for physicians to develop/improve their ability to provide culturally competent treatment. The session also will explore how the use of technology and web-based platforms provide a direct means of access to appropriate cultural information to support clinical care.

(C9) End Stage Renal Disease Among Racial and Ethnic Minorities
Moderator: **K. Payne**
Presenters: **G.R. Wallen** and **C.E.B. Zaramo**

This session will address estimated risks of end stage renal disease among minority patients diagnosed with chronic kidney disease, describe disparities in renal transplantation, and examine patient-provider relationships at various stages of the transplantation process.

(C10) Faith-Based Models and Initiatives to Eliminate Cardiovascular and Drug Disparities
Moderator: **B. Hawks**
Presenters: **M. Sutherland** and **D. Gold**

Public health professionals are realizing the importance of implementing culturally appropriate health programs in community settings including faith-based organizations. Community-based partnerships are critical in developing research agendas and assessing the effectiveness of faith-based health education interventions.

(C11) Practical and Policy Guidelines for Improving Health Care Language Access
Moderator: **A. Padlan**
Presenters: **S.K. Choi, I. Bau** and **M. Michalczyk**

Health care interpreting has not achieved recognition as an allied health profession, and as such, it is common practice for health care facilities to utilize bilingual employees to assist in interpretation and translation.

Studies have shown that untrained professionals can commit substantial errors. This session will demonstrate the need for language proficiency testing and identify a range of resources to improve language access.

(C12) Controlling Infectious Diseases in High-risk Populations
Moderator: **S. Ecoffey**
Presenters: **L. de Ravello, H. Danesi** and **R. Shrestha-Kuwahara**

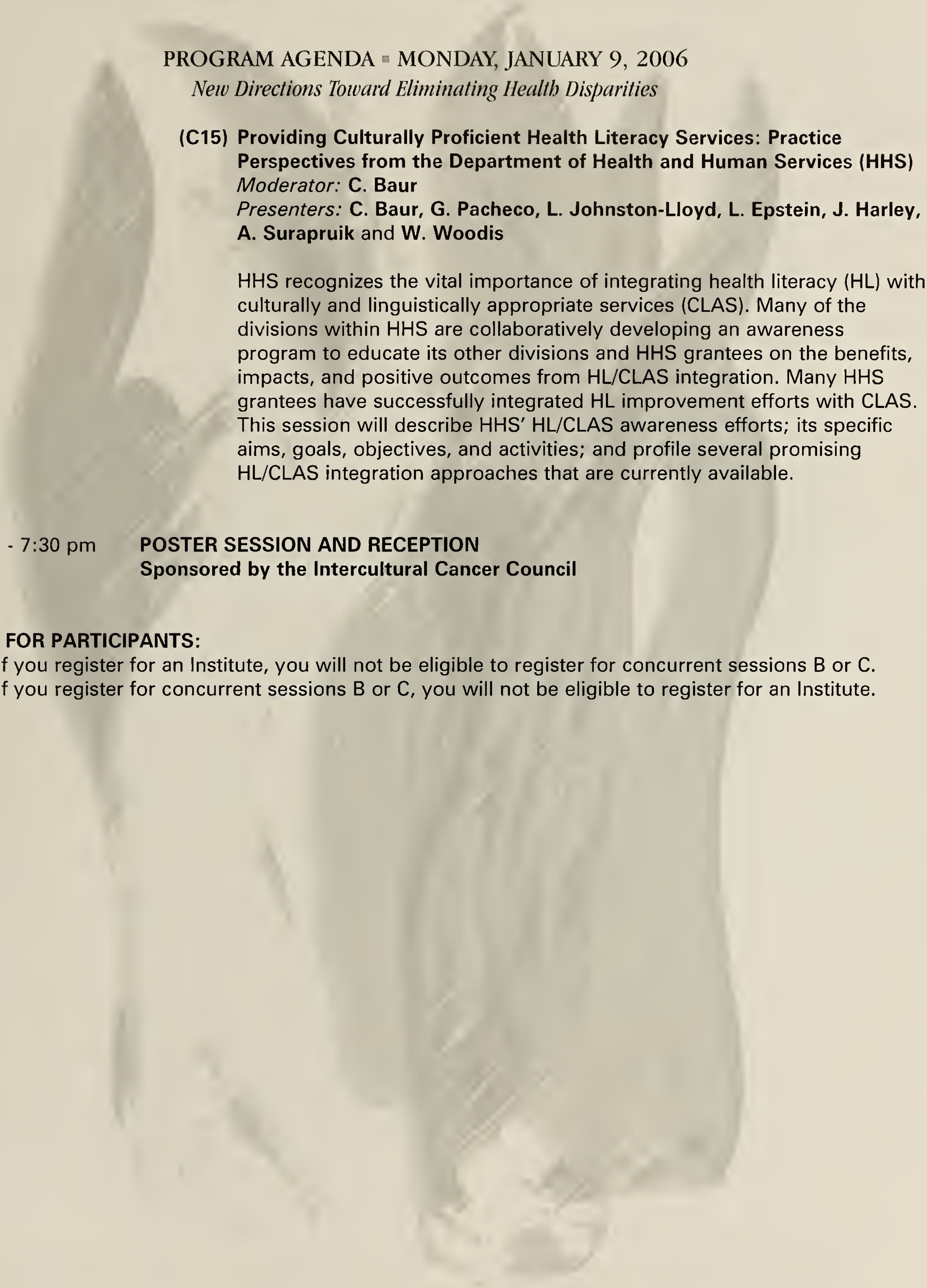
Infectious diseases are a tremendous health and economic burden on people in the U.S. On a national level, rates of many infectious diseases have declined over the past decade. However, disparities continue to exist for certain ethnic and racial groups. This session will detail methods for controlling infectious diseases in high-risk populations. An ethnographic approach will be taken to describe the tuberculosis problem among recent immigrant communities, elucidate the state of STD prevention and control strategies among American Indian/Alaska Natives, and describe the strategies for effective mobilization and sensitization campaigns.

(C13) Protecting Individuals with HIV/AIDS from Disability-based Discrimination
Moderator: **S. Jackson**
Presenters: **S. Jackson, C. Malone** and **D. Weyer**

More than 20 years after HIV/AIDS first emerged, many individuals with HIV are still denied access to health care, or provided unequal access to care. This workshop will discuss continuing barriers to equal access to care for people with HIV/AIDS and how communities of color may be particularly affected. Discussions also will address federal laws that protect individuals with HIV/AIDS from discrimination on the basis of disability, how activities of the HHS Office for Civil Rights ensures compliance with these laws, clinical issues in providing health care to people with HIV/AIDS, and community-level activities to support practitioners in providing care to this population.

(C14) What Minority Seniors Need to Know About Medicare
Moderator: **D. Green**
Presenters: **M. Herd** and **C. Houston**

This session will describe the components of the Medicare Modernization Act and the new coverage it affords beneficiaries. Discussions will also include health plan options, additional coverage for low income seniors, critical time frames for signing up and receiving benefits, and other provisions that commence in January 2006.



PROGRAM AGENDA ■ MONDAY, JANUARY 9, 2006

New Directions Toward Eliminating Health Disparities

(C15) Providing Culturally Proficient Health Literacy Services: Practice Perspectives from the Department of Health and Human Services (HHS)
Moderator: **C. Baur**
Presenters: **C. Baur, G. Pacheco, L. Johnston-Lloyd, L. Epstein, J. Harley, A. Surapruik** and **W. Woodis**

HHS recognizes the vital importance of integrating health literacy (HL) with culturally and linguistically appropriate services (CLAS). Many of the divisions within HHS are collaboratively developing an awareness program to educate its other divisions and HHS grantees on the benefits, impacts, and positive outcomes from HL/CLAS integration. Many HHS grantees have successfully integrated HL improvement efforts with CLAS. This session will describe HHS' HL/CLAS awareness efforts; its specific aims, goals, objectives, and activities; and profile several promising HL/CLAS integration approaches that are currently available.

5:30 pm - 7:30 pm **POSTER SESSION AND RECEPTION**
Sponsored by the Intercultural Cancer Council

NOTICE FOR PARTICIPANTS:

If you register for an Institute, you will not be eligible to register for concurrent sessions B or C.
If you register for concurrent sessions B or C, you will not be eligible to register for an Institute.

PROGRAM AGENDA ▪ TUESDAY, JANUARY 10, 2006

New Directions Toward Eliminating Health Disparities

8:00 am - 10:30 am **THE PERSONALIZATION OF HEALTH CARE (PL5)**

Tapping the Promise of Health Information Technology
Presenters: **Paul Grundy, MD, MPH**, IBM Human Resource Director
Charles Grim, DDS, Director, Indian Health Service

Health Information Technology has emerged as a promising tool for reducing health disparities as the country moves towards the implementation of electronic and personal health records.

Panel Discussion
Discussants:
Silas Buchanan, President, UPRIS Systems
Helen Burstin, MD, MPH, Director, Center for Primary Care Research, Agency for Healthcare Research and Quality
Romania Hasnain-Wynia, PhD, Vice President, Research, Research, Health Research, & Educational Trust.

This discussion will explore practical applications for addressing health disparities using emerging technology.

IS GENOMICS THE CURE FOR DISPARITIES?
Presenter: **Francis S. Collins, MD, PhD**, Director, National Human Genome Research Institute

Panel Discussion
Discussants:
Vanessa Gamble, MD, Director, National Center for Bioethics, Tuskegee University
Sandra Gadson, MD, President, National Medical Association
Toby Citrin, JD, Director, Office of Community-Based Public Health, University of Michigan, School of Public Health
Jennie Joe, PhD, MPH, Director, Native American Research and Training Center

This discussion will address the intersection of race, genes, and health disparities.

Overcoming Barriers to Building Community Trust: Engagement for Eliminating Health Disparities
Discussants:
Stephen Thomas, PhD, Director, Center for Minority Health (CMH), University of Pittsburgh (UP)
Angela Ford, PhD, MSW, Associate Director, CMH/UP
Sekai Turner, PhD, Project Director, CMH/UP
Mario Browne, MPH, Project Director, CMH/UP

This session is focused on a multi-year community-based campaign and will describe an organizational structure for engaging minority communities as partners in health promotion and disease prevention.

PROGRAM AGENDA ▪ TUESDAY, JANUARY 10, 2006

New Directions Toward Eliminating Health Disparities

10:30 am - 10:45 am **BREAK**

10:45 am - 12:00 pm **STRENGTHENING HEALTH DISPARITIES LEADERSHIP (PL6)**

Translating Research into Policy
Presenters: **John Ayanian, MD, MPP**, Associate Professor of Medicine and Health Care Policy, Harvard Medical School
Anne C. Beal, MD, MPH, Senior Program Officer, The Commonwealth Fund
Ignatius Bau, JD, Director, Culturally Competent Health Systems, The California Endowment

This session will focus on the importance of ongoing research and data to address health disparities. The session also will describe how research can be effectively used by leaders to advance policies at the federal, state, tribal, and local levels.

Galvanizing Action: Engaging Non-Profit Organizations and Non-traditional Partners
Presenter: **Jennifer L. Howse, PhD,** President, March of Dimes

Voluntary and non-profit organizations have assumed leadership roles in addressing health disparities. This session will discuss ways in which these organizations can contribute in complementary ways in advancing a national health care agenda.

Making It Work: A Real Commitment to Change
Presenter: **Charles Kamasaki**, Senior Vice President, National Council of La Raza

Over the past decade, organizations at all levels and sectors have engaged in health disparity efforts. Wile activities have grown, progress has been measured. This session will discuss ways in which government at all levels can work to improve direction and coordination of health disparities efforts, establish non-traditional partnerships, and advance a new agenda for addressing health disparities.

12:00 pm - 1:00 pm **KEYNOTE: STRENGTHENING MINORITY COMMUNITIES (PL7)**

Samuel Betances, PhD, Senior Consultant, Souder, Betances and Associates

1:15 pm - 2:15 pm **CONCURRENT SESSIONS**

(D1) Establishing Lay Patient Navigator Programs in Minority Communities
Moderator: **R. Rollins**
Presenters: **M.L. Steinberg** and **A. Sun**

This session will describe a project that established the infrastructure to conduct cancer clinical trials and developed a lay patient navigator program to decrease barriers to receiving cancer care and examine ways to increase voluntary accrual to clinical trials through the lay navigator. The session also will discuss the use of patient navigator services to reduce barriers to monolingual individuals. The second project that will be discussed works closely with physicians, community organizations, and national organizations to reduce barriers to a range of health services and information for the monolingual Chinese population.

(D2) Health Disparities: A Blueprint for Action
Moderator: **J. Scott-Harris**
Presenters: **M.V. Lupi** and **N. Calman**

This session will describe the Disparities Project: Action Plan for Addressing Racial and Ethnic Disparities developed and led by the Boston Health Department and the Mayor's office to address the inequalities in health. The Plan outlines 12 goals deemed essential to eliminating health disparities and a set of actions to address the goals. This government, business, hospital, and community partnership may be used by other communities seeking to improve their health disparities elimination efforts. The session also will describe and discuss the Bronx Health REACH project, a coalition of 40 community and faith-based organizations that work together to promote health and address the root causes of disparities through policy change.

(D3) An Exploration of Patient Perceptions and Cultural Barriers that Impact Health Care
Moderator: **J. Williams**
Presenters: **M. Castillo, I.S. Gyagenda** and **L. Herman**

This session will describe and discuss a culturally competent curriculum for physician assistants intended to prepare them to become culturally competent medical practitioners. These sessions also will describe and discuss the widely diverse cultural backgrounds of immigrants from African countries, the challenges that providers face in serving these populations, and how to deliver services for non-traditional diseases such as HIV/AIDS, TB and depression.

(D4) Empowering Diverse Leaders
Moderator: **J. Horner**
Presenters: **R. Lew, L.B. Lewis,** and **M.P. Williams**

This session will summarize the principles and key elements of a model that successfully mobilized communities around important health issues. Health administration has not been targeted in diversity efforts, making health administrators invisible partners in health care. They, however, play a significant role in improving the diversity of health care providers and as such should reflect the diversity they are seeking to develop. This session will discuss techniques to increase diversity and expand the ranks of health care administration leaders. Further, this session will describe a program to assist health professionals in the management of crisis situations.

PROGRAM AGENDA ▪ TUESDAY, JANUARY 10, 2006

New Directions Toward Eliminating Health Disparities

(D5) Diagnostic and Therapeutic Approaches to Eliminating Health Disparities in the Genome Era
Moderator: **K. Oehlke**
Presenters: **M. Rico, S. Nowicki** and **Oehlke**

This session will explore the broad impact of genomics on healthcare and obtaining data on racial and ethnic populations. It should inform researchers how best to use genomic information to affect health behaviors and outcomes research to eliminate racial and ethnic health disparities.

(D6) Cardiovascular Disease in Minorities: Characteristics and Improvement in Data Collection
Moderator: **M. Lin**
Presenters: **S.N. Patel, A.M. Navarro** and **E. Brondolo**

This session will describe the characteristics and current body of knowledge regarding cardiovascular disease in minority populations. Using qualitative and quantitative data collection, presenters will explore avenues for further research and improvements on current research methods.

(D7) Identifying Challenges and Exploring Opportunities for Improved Data: Urban American Indians, Alaska Natives, Asians and Pacific Islanders
Moderator: **G. Daus**
Presenters: **M. Castor, S. Panapasa** and **E. Wang**

National population-based surveys often lack sufficient health data on American Indians or Alaska Natives, Asian and Native Hawaiian or other Pacific Islanders, or other population groups that are concentrated in a specific geographic area. The presentations in this session will explore methods to improve the availability of data on these populations.

(D8) Enhancing Access to Racial and Ethnic Health Information via the Internet
Moderator: **K. Rhee**
Presenters: **J. Fogel** and **A. Nunez**

The Internet is an increasingly popular source of health information, particularly for women with breast cancer. However, racial and ethnic minorities are less likely to access the Internet as an information resource. This session will discuss efforts targeted to improving access to minority data via a web portal that allows a range of users to connect with digital information and resources focused on Hispanic health.

(D9) Diffusing HIV Intervention Models
Moderator: **H. Ocampo**
Presenters: **C. Prather, C.B. Collins** and **W. King**

HIV/AIDS disproportionately affects racial and ethnic minority populations. Behavioral scientists are creating and improving evidence-based interventions for at-risk African Americans and Hispanics. This workshop will discuss an 18-month pilot project that served as a foundation for a large-scale national diffusion strategy to implement an HIV/AIDS intervention and CDC projects that worked together to move effective HIV interventions into program practice.

(D10) Community-Based Approaches for Cancer Prevention
Moderator: **E. Sue**
Presenters: **T. Nguyen, E. Sue** and **T.A. Wynn**

Cancer is the leading cause of death for Asian Americans which has led to increased efforts to raise community awareness of the disease and promote health seeking behaviors. This session will present the Jade Ribbon Campaign, a global health intervention model using media and outreach to the high-risk Asian community to promote prevention, early detection, and treatment of Hepatitis B virus, often linked to liver cancer. It will also examine cancer prevention intervention strategies and best practice models among various ethnic communities, with primary foci on breast and cervical cancers as they relate to cultural beliefs and screening behaviors, and community-based awareness projects. Strategies for culturally competent community-based program development will also be addressed.

(D11) Ethnic and Racial Disparities in Asthma
Moderator: **A. Rivera**
Presenters: **B. Russell, A.H. Strelnick, G. Gomez** and **J.M. Brooks**

Over the last quarter century asthma has become epidemic in low income, urban communities and now is the leading cause for hospitalization of children over one year of age. Research has linked air pollution with morbidity (e.g. hospitalization) and mortality from respiratory diseases, including asthma. Research has also examined their related socio-economic and environmental barriers to care. Asthma prevalence and morbidity rates are higher among Black and Latino children while hospitalization and mortality rates are borne disproportionately by Black children. This workshop will examine the environmental and social factors affecting asthma in three minority communities. It will also present the state of the science on how nursing research has impacted health disparities in asthma prevention and treatment between African Americans and other U.S. groups over the past 20 years.

(D12) Effective Policy to Eliminate Health Disparities: A Plan, a (Wo)Man, and Advocacy
Moderator: **L. Stafford**
Presenters: **B. Burt, D. Griffin** and **B.K. Gibbs**

Political empowerment refers to the equitable representation in decision-making structures, both formal and informal, and their voice in the formulation of the policies that impact our society. The absence of minority communities from structures of governance inevitably means that national, regional and local priorities that shape the allocation of resources are typically determined without meaningful input from the minority communities.

(D13) HIV Networks and Coalitions in Communities of Color
Moderator: **C. Soles**
Presenters: **C. Debnam** and **L.W. Kimbrough**

Approximately one fourth of the people living with HIV in the U.S. are not aware of their infection and their risk of transmitting HIV. Continued high rates of HIV infection in these communities underscore the importance and the need for new strategies to identify persons with undiagnosed HIV infection. As a part of the Centers for Disease Control and Prevention's Advancing HIV Prevention (AHP) Initiative, identifying HIV-infected persons who are not aware of their infection and linking them to medical care and prevention services is a national priority. This session provides strategies for reaching and providing HIV counseling, testing, and referral services to persons who are unaware of their status through social networks and coalitions.

(D14) Effective Intervention Outreach Strategies for Adult Health Promotion Programs
Moderator: **T. Mahotiere**
Presenters: **K. Le, J. Zola** and **A.M. Siston**

This session will focus on development of successful program design and intervention strategies for minority adult health promotion programs. Discussions will describe outreach strategies used to build a coalition to implement a lay health worker outreach (LHWO) program for Vietnamese women, increase access to immunizations by conducting vaccination clinics in non-traditional settings (e.g. churches, legislative offices), and establish a partnership to offer low-cost Hepatitis B testing and vaccination in a non-medical community setting.

(D15) Engaging Faith-based Organizations to Address Minority Health Disparities
Moderator: **M. Browne**
Presenters: **R.M. Womble, Y. Coleman** and **S. Jones**

This session will discuss engagement of faith-based organizations to facilitate the development of culturally appropriate programs and foster healthier lifestyles for racial and ethnic minorities.

(D16) Overcoming Language Barriers: Promising Practices in Health Settings
Moderator: **A. Surapruik**
Presenters: **L. Penerqa, M. Leoz, M. Youdelman** and **M. Aoki**

This session will discuss federal and state laws regarding access to care for LEP persons, including the HHS Title VI Guidance. The session also will discuss cost-effective, high quality, language assistance programs developed in health care settings to serve LEP populations, with a specific focus on small health care providers and state and local benefit offices.

PROGRAM AGENDA ▪ TUESDAY, JANUARY 10, 2006

New Directions Toward Eliminating Health Disparities

(D17) Leveraging Health Information Technology (HIT) to Mitigate Minority Health Disparities
Moderator: **S. Buchanan**
Presenters: **S. Buchanan, C. Modlin** and **G. Kious**

This session will discuss the importance of leveraging HIT to ensure that its existence does not present an additional disparity for racial and ethnic minorities, regional collaborative efforts to foster interoperability and smoother information transfer among health care organizations, and current issues and challenges to implementing information technology in health care settings.

(D18) Data Issues for Minority Children with Special Healthcare Needs
Moderator: **H. Crespo**
Presenters: **K. Heslin** and **J.C. Green**

Very little surveillance data are available on the leading healthcare indicators among minority populations with disabilities and even less exist among children with special healthcare needs. This workshop will examine the results of analyses of data from the National Survey of Children with Special Healthcare Needs (CSHCN) on over 14,000 CSHCN who needed vision care in the previous year to determine the unmet need for vision care and provide the findings from a study that monitored deaf children from 4 cultural groups at a state School for the Deaf for the presence or absence of 5 leading health indicators, including obesity, tobacco and substance abuse, mental health problems, and violence in the home.

2:30 pm - 3:30 pm **CONCURRENT SESSIONS**

(E1) Cancer Patient Navigation: Models for Addressing Health Disparities
Moderator: **L. Cooper**
Presenters: **A.L. Greene** and **A.R. Garcia**

This session will discuss an innovative approach for providing individualized assistance to cancer patients, survivors, and their families; programs funded by the National Cancer Institute; and a patient navigator system developed to increase awareness of cancer prevention, screening, treatment, and survivorship in tribal communities and to facilitate communication between tribal clinics, cancer clinics, and hospitals. The session also will include critical components of establishing a functional and responsive system including Navigator training, staffing, and administrative issues.

(E2) Strategies for Increasing Cultural Competence in Health Care
Moderator: **M. Douglas**
Presenters: **R. Benkert** and **R. Dela Cadena**

This session will describe the current state of the literature regarding trust and satisfaction with primary care among African Americans. This information along with outcomes of a study will be used to discuss the influence of perceived racism, cultural mistrust, and trust in physicians on satisfaction with care. A second presentation will describe a strategy for increasing the pool of underrepresented minorities in the health professions. The strategy includes recruitment, admission, and retention of academically qualified underrepresented and disadvantaged students.

(E3) Patient-Centered Health Care: In Theory And In Action
Moderator: **C. Perez**
Presenters: **C.M. Tucker, B. Lockley** and **B. Yee**

This session will discuss the relationship between effective patient-centered approaches to care and resulting improved patient outcomes, as well as the importance of documenting evidence-based models of patient-centered care to ensure the adoption of such models throughout the health care system. The session also will include a discussion of evidence-based models for identification, timely outreach, medical assessment, and delivery of patient-centered care to at-risk individuals as well as proven partnerships between health care organizations that facilitate the delivery of culturally competent care.

(E4) Examining Contributors to Racial Variation in Clinical Procedures Leading to Disparities in Patient Outcomes Between African Americans and Whites
Moderator: **B. Torres**
Presenters: **L.S. Hicks, S.H. Meghani** and **J.B. Grau**

This session will discuss: (1) the influence of hospital variation on differences in ICD placement; (2) a study of varying preference in cancer pain treatment in African Americans; and (3) the etiology and outcome difference between African-American and Caucasians with regard to surgically corrected Mitral Valve Disease.

(E5) Educational Pipeline for Under-represented and Underserved Populations
Moderator: **C. Simpson**
Presenters: **C. Davis, K. Key** and **J.Y. Reede**

This session will describe efforts to improve the pipeline to the health professions. For those who work with youth, strategies on how to incorporate health promotion and health education activities into high school curricula and community youth programs will be discussed. On the premise that health careers should begin in elementary school, this session also will show how the exposure of students to culturally and age-appropriate activities should promote an interest in health careers and an understanding of health disparities issues. Furthermore, this session will describe a model program that aims to prepare undergraduate students for graduate careers in health services and public health research, as well as a graduate-level health policy research program tailored to minority health professions students.

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New Directions Toward Eliminating Health Disparities

(E6) Breaking Down the Barriers to Careers in the Health Professions
Moderator: **M. Hunter**
Presenters: **R.M. Harris, C.J. Bliss** and **D.J. Griffith**

This workshop will identify specific academic skills proven to be successful for undergraduate minority health professions students. In particular, the session describes a four-year pipeline program which emphasizes the humanities, shadowing, research and service in conjunction with regular academic course work. This session will also describe a model program for graduate MPH and PhD students that focuses on exposure to research, mentor and networking opportunities as a methodology to reduce barriers to health careers for minorities.

(E7) Research Methods and Analytic Techniques to Eliminate Health Disparities
Moderator: **E. Galan**
Presenters: **R. Ramos, M.A. Martin** and **A.J. Satcher**

This session will discuss use of respondent driven sampling to reach high-risk underserved populations (including peer-driven interventions), the impact of acculturation on asthma in Mexican American children, and improved analytic techniques to identify trends in HIV surveillance data.

(E8) Engaging Faith Based Organizations in Community Based Participatory Research to Eliminate Health Disparities
Moderator: **D. Kelly**
Presenters: **J.S. Darnell** and **M. Goldmon**

Effective community participatory research mandates that communities become equal partners. Faith-based organizations are often focal points for accessing minority communities. Through the use of quantitative and qualitative methods, this session will discuss how faith-based organizations can assist in improving data outcomes for racial and ethnic minority populations.

(E9) Communication Strategies For Eliminating Disparities
Moderator: **M. LaRocque**
Presenters: **C.D. Whitfield, G. Ma, I. Goldson** and **J.A. Washington**

Infectious diseases are a tremendous health and economic burden on Americans. On a national level, rates of many infectious diseases have declined over the past decade. Disparities continue to exist for certain ethnic and racial groups. In this session, an ethnographic approach will be taken to describe the tuberculosis problem among recent immigrant communities and the state of STD prevention and control strategies to reduce rates among American Indian/Alaska Natives.

PROGRAM AGENDA ▪ TUESDAY, JANUARY 10, 2006

New Directions Toward Eliminating Health Disparities

(E10) Prevention: Using Culturally Appropriate Community Health Education Interventions
Moderator: **C. Colimon**
Presenters: **C. Ortiz, N. Arevalo,** and **D. Rucinski**

Raising awareness on the importance of prevention and use of culturally appropriate interventions by health care organizations are key elements in producing better health outcomes for racially and ethnically diverse populations. During this session, specific programs will be presented that address the use of culturally appropriate health education interventions (i.e., culturally sensitive tools, medical interpreters training, partnering with community-based organizations) as a means to address health disparities.

(E11) Immigrant Families and Access to Primary Care: Federal State and Local Solutions
Moderator: **L. Butler**
Presenters: **D. Wiley, A. Gurvitch, L. Ku** and **L. Butler**

Immigrants represent a disproportionate percentage of the uninsured and underinsured. Children in immigrant families who are eligible for Medicaid and SCHIP are under-enrolled. Confusion and concerns about eligibility rules and policies such as public charge and verification and reporting measures discourage participation in publicly funded health programs and deter immigrant families from using primary health care services. This workshop will provide an overview of challenges that immigrant families face in access to health care, federal and state policies that address those barriers, and public and private initiatives to increase access to health care by immigrant families.

(E12) Translation and Interpretations in Health Care Settings: Community Planning
Moderator: **J. Caballero**
Presenters: **T.J. McDowell, D.K. Hilfinger-Messias,** and **S. Roussos**

Language, lack of knowledge of the U.S. healthcare system, and inappropriate decision-making skills constitute barriers to appropriate healthcare access among LEP populations. This session discusses medical translation and interpretation services and how they can be implemented to improve care. Participants will learn how to gather data about demographic and healthcare issues which may necessitate translation/interpretation programs as well as community perceptions regarding translation/interpretation issues.

PROGRAM AGENDA ■ TUESDAY, JANUARY 10, 2006

New Directions Toward Eliminating Health Disparities

2:30 pm - 4:30 pm **INSTITUTES**

(E13) **INSTITUTE: The Role of Policy Councils in Developing Partnerships to Address Diabetes Disparities in Minority Communities**
Moderator: **I. Hunter**
Presenters: **W. Fujimoto, S. Tucker, V. Gonzales, G. Bowden-Diaz** and **J. Burgos**

Policy Councils were established by American Diabetes Association (ADA) to provide guidance on efforts to eliminate diabetes disparities for African American, Hispanic/Latino, and Asian Pacific American populations. The Diabetes Epidemic Action Council (DEAC) for African Americans, Latino Diabetes Action Council (LDAC), and Asian Pacific American Diabetes Action Council (APADAC) review diabetes programs and initiatives, and recommend and promote diabetes prevention, management, and research. This session will discuss targeted efforts to address diabetes disparities through improvements in diabetes education, access to diabetes treatment, and impact of diabetes programs. This session will also highlight two major ADA programs “The Value of Volunteers” and ‘Keeping It REAL” that are effectively reaching the Hispanic and African American communities.

(E14) **INSTITUTE: Obesity: Social and Environmental Factors Contributing to Obesity in Rural and Urban Settings**
Moderator: **W. Jones**
Presenters: **C.A. Collins, R.S. Fulp, D.N. Pearlman, J.J. Bachar, C. Nonas, K.I. Rowell** and **D.G. Schlundt**

The Institute on Obesity will examine the complex problem of obesity and its increasing impact on Americans, including children and adults in urban and rural settings. An estimated 129.6 million Americans, or 64 percent, are overweight or obese. Obesity and overweight have been shown to increase the risk of developing serious and often disabling medical conditions, including heart disease, certain types of cancer, Type 2 diabetes, stroke, arthritis, breathing problems, and psychological disorders, such as depression. Childhood obesity also has become increasingly cited as a national health epidemic. Physical activity contributes to weight loss, especially when it is combined with appropriate and balanced calorie intake or reduction. Healthy food choices based on sound nutritional knowledge, however, are not always possible for persons of low income due to environmental factors, which will be explored in this institute. Discussions in this session also will examine childhood obesity in an urban and rural setting; nutritional knowledge, attitudes, and behaviors among 424 elementary school children in a rural Texas county; and a free weight management program for adolescents living in poor urban areas.

PROGRAM AGENDA ▪ TUESDAY, JANUARY 10, 2006

Advancing A National Disparities Agenda

(E15) INSTITUTE: Racial and Ethnic Approaches to Community Health II: Effecting Behavioral and Policy Change for Improved Health

Moderator: **W. Giles**
Presenters: **F.M. Barker, C. Smith, S. Och, N.C. Baril** and **A. Slaughter**

The Racial and Ethnic Approaches to Community Health (REACH 2010), a community-based program, is a cornerstone of the Centers for Disease Control and Prevention's efforts to eliminate racial/ethnic disparities in health. Community coalitions design, implement, and evaluate community-driven strategies in six priority areas: cardiovascular disease, immunizations, breast and cervical cancer screening and management, diabetes, HIV/AIDS and infant mortality. Presenters in this session will describe activities of these community coalitions including continuing education on disease prevention for health care providers, health education and health promotion programs that use lay health workers to reach community members, and health communications campaigns.

(E16) INSTITUTE: Utilization of Health Information Technology in Eliminating Health Disparities

Moderator: **M. Granthon**
Presenters: **Z. Taylor, F. Rachman, F. Ganey** and **D. Schroeder**

Health Information technology (HIT) provides many opportunities for improving health care quality and safety. Benefits can accrue at multiple levels including at the point of care, management of the delivery system, and increased ability to manage quality improvement. HIT should be a major part of the strategy to understand and address health disparities, and to drive more efficient and effective use of limited health resources. The Institute will provide four perspectives on the utilization of HIT in eliminating health disparities and discuss recommendations that should be included in a new national agenda to eliminate health disparities.

(E17) INSTITUTE: The Asian American and Pacific Islander Health Agenda

Moderator: **H.L. Tran**
Presenters: **N. Aitaoto, H.L. Tran, B. Gor** and **T. Severin**

Asian Americans and Native Hawaiians/Pacific Islanders (AAPIs) are among the fastest growing racial and ethnic groups in the United States. With increasing numbers and diversity in language, national origin, immigration status, socio-economic status and migration patterns, health and access disparities have become key concerns. The AAPI community's status and needs remain generally neither unheard nor voiced. Rapid growth and diversity present distinctive challenges and opportunities for a strengthened community voice. The AAPI community is poised and positioned to advocate for national awareness to improve community health and well being.

NOTICE FOR PARTICIPANTS:

If you register for an Institute, you will not be eligible to register for concurrent sessions B or C.
If you register for concurrent sessions B or C, you will not be eligible to register for an Institute.

PROGRAM AGENDA ▪ TUESDAY, JANUARY 10, 2006

Advancing A National Disparities Agenda

3:30 pm - 3:45 pm **BREAK**

3:45 pm - 4:45 pm **CONCURRENT SESSIONS**

(F1) Analyzing Barriers to Access to Medical Care for HIV-Positive African-American and Latina Women
Moderator: **W. Jordan**
Presenter: **M. Martin, V. Caine** and **D. Salas**

This session will discuss projects to improve outcomes for HIV positive African American and Latina women. The focus will be on discussing issues pertinent to each population and developing and sustaining programs for women.

(F2) Effective and Innovative Approaches to Address Limited English Proficiency
Moderator: **A. Kenny**
Presenters: **M. Morris** and **M.G. Gonzalez**

This session will discuss the results of utilizing "testing" as an assessment tool to inform health care organizations, public policy makers, and advocacy groups regarding language issues affecting non-English speaking immigrants (Spanish, Cantonese, Vietnamese and Tagalog) and describe how creative problem solving, such as linkage agreements and bilingual multidisciplinary teams, can improve access to health care and delivery of health care services in a cultural and linguistically sensitive manner.

(F3) Limited English Proficiency (LEP) and Access to Health Care
Moderator: **M. Martin**
Presenters: **J. Bellinger, D.T. Jayaweera** and **S. Roussos**

This session will discuss diverse strategies and language tools for hospitals to assist Spanish speaking and LEP populations, the effectiveness of cost sharing methods in optimizing access to vulnerable populations, and a model for maximizing quality interpreting services that includes competency assessment.

(F4) Improving the Quality and Outcomes of Health Care Through Gender Analysis
Moderator: **R. Correa**
Presenters: **R. Correa, E. Moy, B. Kosiak** and **H. Schwartz**

Gender-based research and analysis is a relatively new promising field. Research findings may facilitate the development of interventions that address the specific needs of women and men of any age, race, ethnicity, and socioeconomic status. This session will focus on the findings of a series of studies addressing gender differences across race/ethnicity (Whites, Blacks and Hispanics) in the quality of health services provided to cardiovascular disease, Type-2 diabetes, and preventive care in older adults.

PROGRAM AGENDA ▪ TUESDAY, JANUARY 10, 2006

Evolution and Advancements in Health Disparities

(F5) Participatory Research in Cancer Prevention
Moderator: **P. Jackson**
Presenters: **D.S. Blumenthal, D.P. Sandler** and **M.A. Foo**

This workshop will examine community-based participatory research approaches in developing culturally appropriate cancer intervention programs. Model approaches to reduce health disparities among Pacific Islanders in Southern California and African Americans also are discussed. The workshop will also present a major new effort to study risk factors for breast cancer and other outcomes in a diverse cohort of women at increased risk for breast cancer.

(F6) Innovative Approaches to Addressing Dating Violence Against Adolescent Women
Moderator: **P. Iron-Cloud**
Presenters: **S.M. Gran-O'Donnell** and **L.F. Roberts**

This session will analyze the intersection of dating violence against racial and ethnic minority women and public health issues such as HIV/AIDS. Dating violence will be explored as it relates to racial/ethnic groups, class, and gender discrimination. The session also will examine evidence-based models in designing and developing violence prevention programs and promoting healthy relationships. Evidence-based models in designing/developing violence prevention programs and promoting healthy relationships will be examined.

(F7) The Role of Faith-Based Organizations in Developing Health Promotion and Disease Prevention Strategies to Improve Community Wellness
Moderator: **S. Merriweather**
Presenters: **N.H. Jack, M. Golub** and **M.C. Whitt-Glover**

Faith-based organizations are the pillars of most racially and ethically diverse communities. As such, they have the capacity to promote community and behavioral changes through their respective congregations. This session will address the role of faith-based organizations in developing health promotion and disease prevention strategies to improve community wellness.

(F8) The Role of Culture and Health Literacy: Cancer Prevention and Screening
Moderator: **J. Silver**
Presenters: **C.M. Merenda, M. Michaels** and **S. Hawley**

Culture, health literacy, and community are influential factors in cancer prevention and screening. Understanding socio-cultural and religious beliefs, health literacy levels, and mediating structures of local communities can promote better cancer prevention and screening of racially and ethnically diverse patients. This session will discuss traditional beliefs that influence health-seeking behaviors as well as key strategies for removing barriers to cancer screening and adherence to protocols among minorities.

6:30 pm - 10:00 pm

Commemorative Event - National Building Museum

PROGRAM AGENDA ▪ WEDNESDAY, JANUARY 11, 2006

Evolution and Advancements in Health Disparities

8:00 am - 9:00 am **A CALL TO ACTION (PL8)**

Overview of the Day

Garth Graham, MD, MPH, Deputy Assistant Secretary for Minority Health

Creating a Health Disparities Agenda

John Quinones, Co-Anchor, ABC News Primetime
Juan Williams, Senior Political Commentator, National Public Radio and Fox News
Hattie Kaufman, National News Correspondent, CBS "The Early Show"
Sachi Koto, Sachi Koto Communications
Garth Graham, MD, MPH
John Ruffin, PhD, Director, National Center for Minority Health and Health Dispari
Jorge Daboub, Vice President, Univision TV Group Inc.

This session will address the role of the media in raising awareness around health disparities.

9:00 am - 11:30 am **NATIONAL HEALTH DISPARITIES TOWN HALL**

Meeting (PL9)
Moderators: **John Quinones and Sachi Koto**

The Town Hall Meeting will provide participants an opportunity to help shape the Summit's resulting recommendations.

Topic #1: After Quality, Then What?

Discussants:
William Robinson, MD, Director, Office of Minority Health and Health Disparities, Health Resources and Services Administration
Lovell Jones, PhD, Director, Center of Excellence for Research on Minority Health, University of Texas, MD Anderson Cancer Center

Topic #2: Limited English Proficiency and Multiculturalism

Discussants:
Jacqueline Johnson, Executive Director, National Congress of American Indians
Vickie Mays, PhD, Director, UCLA Center on Research, Education, Training and Strategic Communication on Minority Health Disparities
Ho Luong Tran, MD, President and CEO, Asian and Pacific Islander American Health Forum
Ron Blackburn, Chair, National Hispanic Leadership Association, President and CEO, ASPIRA Association

PROGRAM AGENDA ▪ WEDNESDAY, JANUARY 11, 2006

Evolution and Advancements in Health Disparities

Topic #3: Establishing a New National Strategy

Discussants:
H. Sally Smith, Chairwoman, National Indian Health Board
Elena Rios, MD, President, National Hispanic Medical Association
Akshay M. Desai, MD, President/CEO, Universal Health Care; Member, President's Advisory Comm. on Asian Americans & Pacific Islanders
Floyd J. Malveaux, MD, PhD, Immediate Past Dean, Howard U. College of Medicine

11:30 am - 12:00 pm **(PL10)**

KEYNOTE:
"REACHING OUR COMMON DESTINATION"
Speaker To Be Announced

CLOSING REMARKS
John O. Agwunobi, MD, MBA, MPH, Assistant Secretary for Health

12:00 pm **SUMMIT IS ADJOURNED**

Plenary Speakers

Plenary Speakers

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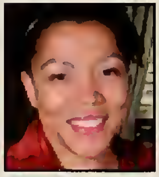

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Workshop Presenters

Workshop Presenters

Henry Acosta, MSW, Deputy Director
Title of Presentation: **Eliminating Disparities in Mental Health**

Henry Acosta currently serves as the project director of Changing Minds, Advancing Mental Health for Hispanics at the New Jersey Mental Health Institute, and as the Institute's Deputy Director. Henry is a licensed social worker who has over fourteen years of direct service and administrative experience working with children and families in clinical and social service settings.

Sara Trillo Adams, MA, LMHC, Project Director
Title of Presentation: **Reaching Unserved Populations with Mental Health & Health Care Services**

Sara Trillo Adams has a Master of Arts in Counseling Psychology and is a Licensed Mental Health Counselor. She is currently the Director of the Latino Mental Health Project at Central Massachusetts Area Health Education Center, Inc. Ms. Adams possesses over 16 years of professional experience in clinical counseling, program development and training. She has served as Coordinator of the Family Involvement Initiative at the Latino Education Institute, Director of Staff Development for the Department of Mental Health/Central Mass. Area, Director of Latino Services and Director of the Worcester Adult Rehabilitation Services Department at UMassMemorial/Community Healthlink.

Ms. Adams has conducted numerous professional presentations and training sessions and served as Associate in Psychiatry in the Department of Psychiatry at the University of Massachusetts Medical School. She is a member of the Massachusetts Mental Health Counselors Association, the American Mental Health Counselors Association and the U.S. Psychiatric Rehabilitation Association.

Nia Aitaoto, Program Coordinator
Title of Presentation: **Improving Diabetes Knowledge and Self Management Skills**

Nia Aitaoto is a Program Coordinator for the Pacific Diabetes Education Program at Papa Ola Lokahi where she provides health education, community mobilization training and technical assistance in American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Hawaii, Republic of the Marshall Islands, and the Republic of Palau. She is also the Program Coordinator for the Cancer Council of the Pacific Island and a Principal Investigator of a National Cancer Institute funded research project to investigate health seeking behaviors of American Samoans in Hawaii. Prior to this, she spent 10 years working as a health educator in public-housing communities in Hawaii where the majority of Pacific Islanders reside. During those years, she collaborated with many of the health care agencies in Honolulu. Her ancestry is Samoan, Hawaiian, and Carolinian. She speaks several Pacific Islander languages, including Samoan and Hawaiian.

Phillip Alberti, Graduate Student
Title of Presentation: **Reaching Unserved Populations with Mental Health & Health Care Services**

Philip Alberti is a Doctoral Candidate in Sociomedical Sciences at Columbia University in the City of New York. His subfield of study is social psychology and he is a fourth year fellow in the NIMH's Psychiatric Epidemiology Training Program. The focus of his research is racial/ethnic health disparities in mental health service utilization.

Workshop Presenters

Juan Albertorio, Statistician
Title of Presentation: **Removing Barrieers to Health Insurance for Hispanic Populations**

Juan R. Albertorio is a health statistician at the International Statistic Program at the National Center for Health Statistics. Since 2000, Mr. Albertorio has been working providing technical assistance to the US-Mexico Border Health Commission in the development of the Healthy Gente and Healthy Border Program. Previous to work at NCHS, Mr. Albertorio was a research fellow for three years at the National Institute on Deafness and Other Communication Disorders, NIH, and Gallaudet Research Institute.

C.J. Alexander, Associate Dean
Title of Presentation: **Improving Oral Health Among communities of Color**

Charles J. Alexander is the Associate Dean for Student Affairs and Admissions at the University of California, San Francisco, School of Dentistry. He is also the director of the Dental Post-Baccalaureate Program, and serves as the Education Coordiantor for the UCSF Center for Oral Health Care Disparties in Children. The UCSF Dental Post-Baccalaureate program was the first in the nation to target disadvantaged and underrepresneted minority dental applicants, and has been very successful in placing enrolilng them in our nation's dental schools.

Mayra Alvarez, MS, Winston Health Policy Fellow 2005-2006
Title of Presentation: **Culturally Competent Organizations: Models for Comprehensive, Coordinated Care Delivery**

Mayra Alvarez is a David A. Winston Health Policy Fellow working on Capitol Hill. Her professional interests are healthcare disparities, healthcare access issues, and the Medicaid program. She graduated May 2005 from the University of North Carolina at Chapel Hill with a Master of Healthcare Administration degree, emphasizing in Program Planning and Policy Development. While in North Carolina, she was active with a Latino community center, including work on community health fairs, youth leadership development, and being a member of the Board of Directors; and at the UNC Center for Aging and Diversity. Prior to her graduate education, Mayra attended the University of California at Berkeley, majoring in Social Welfare and Chicano Studies, and involving herself in community based public health efforts, including health insurance application assistance, health education in East Oakland middle schools, and HIV/AIDS theater education programs. She is originally from San Diego, California and currently lives in the Washington DC area.

Victoria Anyikwa, PhD, Assistant Professor
Title of Presentation: **Issues of Partner Violence among Racial and Ethnic Minority Women**

Victoria A. Anyikwa is an assistant professor at Barry University in Miami Shores. Her research interests revolve around mental health issues in the African American community. Funding for this study was provided by the Council on Social Work Education.

Workshop Presenters

Stephen J. Aragon, PhD; Distinguished Professor of Health Services Measurement
Title of Presentation: **Approaches to Care: Strategies for Improving Patient Satisfaction**

Stephen Aragon is Distinguished Professor of Health Services Measurement, The School of Health Sciences, at Winston-Salem State University. Prior to this, he was a Post Doctoral Fellow at The Sheps Center for Health Services Research, University of North Carolina, where he was the recipient of a National Research Service Award, and remains a Research Fellow. Specializing in health services measurement, Dr. Aragon developed The Primary Provider Theory of Patient Satisfaction. To test the robustness of the Theory, his current research focuses on the measurement of patient-centered care and satisfaction in hospitals, medical practices, clinics, and across gender, medical specialties, and payment categories. Prior to his academic service, Dr. Aragon served as a senior hospital executive, and was the first recipient of the Donald S. MacNaughton Award for Excellence in Healthcare Leadership. In addition to his current research interests, Dr. Aragon provides consultation to hospitals and other health care providers.

Nelly Arevalo, JD, Community Education Coordinator
Title of Presentation: **Removing Barrieers to Health Insurance for Hispanic Populations**

Nelly Arevalo is the Community Education Coordinator for Maternal and Child Health Consortium. She oversees MCHC's Health Insurance Enrollment Initiative. Ms. Arevalo joined MCHC in January 2005. Prior to that, she worked at Congreso de Latinos Unidos in Philadelphia as Manager of the Housing and Family Social Services program for 6 years. Ms. Arevalo is the Secretary of the Board of Directors of the Pennsylvania Immigration and Citizenship Coalition (PICC) and chairs the Board Development Committee. Ms. Arevalo, originally from Venezuela, holds degrees in Law and Business Law from the Universidad Santa Maria de Venezuela.

Lekan Ayanwale, DVM, MPH, Associate Professor
Title of Presentation: **Multi-Media Health Promotion Programs in HIV and Incarcerated Populations**

Dr. Lekan Ayanwale, received his Doctorate of Veterinarian Medicine from the University of Nigeria. He later received his Masters of Public Health from the University of Minnesota and his Doctor of Philosophy jointly from the University of Minnesota and the University of Nigeria. He is an Associate Professor and Research Fellow in the College of Veterinarian Medicine, Nursing and Applied Sciences.

Co-Presenter: Mr. Ellis Moorer, BS
Mr. Moorer received his Bachelor of Science and a Masters of Education from Tuskegee University. He currently serves as the Community Outreach Coordinator for Project EXPORT, a health disparities program designed to reduce health disparities in twelve Alabama Black Belt counties.

J Baggett, Branch Chief, Bureau of Chronic Disease
Title of Presentation: **Patient Centered Health Technology Innovations**

Ms. Baggett is a 28 year veteran of the Florida Department of Health, developed the Florida Chronic Disease Prevention and Health Promotion Program, and is the mother of three daughters and two granddaughters

Workshop Presenters

Subroto Banerji, Public Health Advisor
Title of Presentation: **Tuberculosis and Minorities: Current Local Epidemiology, Research, and Program Evaluation**

Subroto Banerji is Public Health Advisor with the CDC Division of TB Elimination. He is part of a team which focuses on improving the delivery of TB control activities within the 6 US affiliated Pacific Island Jurisdictions.

Claudia Baquet, MD, MPH, Associate Dean and Professor
Title of Presentation: **Variables Affecting Health Disparities: Engaginh in Community-Based Participatory Research and Clinical Trials**

As Associate Dean Policy and Planning and Professor Medicine at University of Maryland School of Medicine, Dr. Baquet serves as an advocate for quality health care, including community health needs, community-based participatory research with underserved communities and rural health. Dr. Baquet is a leading national expert on cancer in minority and low-income populations. She serves as director of the NIH supported (ExPORT) University of Maryland Comprehensive Health Disparities Research Center. She served as Associate Director for Cancer Control Science Program/Director of Special Populations Research Branch at the NCI for eight years, and as Deputy Assistant Secretary for Minority Health and Director of the Office of Minority Health, U.S. Public Health Service. Dr. Baquet has authored numerous prestigious publications, reports, and book chapters. Her recent honors include the NIH 2005 Dr. Martin Luther King Jr. Special Award and the APHA 2005 David P. Rall award for Science in Public Health Advocacy.

Ignatius Bau, JD, Program Director
Title of Presentation: **Pratical and Policy Guidelines for Improving Healthcare Language Access**

Ignatius Bau, Program Director at The California Endowment, directs its programs on cultural competency and health workforce diversity. Bau previously worked on health policy and programs at the Asian and Pacific Islander American Health Forum and as a civil rights lawyer, focusing on immigration-related issues. He has served on numerous boards of directors, including the Asian and Pacific Islander Wellness Center, Northern California Coalition for Immigrant and Refugee Rights, California Budget Project and National Minority AIDS Council. He has served on many government committees and task forces including the President's Advisory Council on HIV/AIDS, the federal Office of Minority Health National Minority HIV Plan Working Group and the California Department of Health Services Task Force on Multicultural Health. He was a member of the Public Advisory Group of the Joint Commission on Accreditation of Healthcare Organizations and the National Quality Forum's Workgroup on Minority Healthcare Quality Measurement and Reporting.

Workshop Presenters

Cynthia Baur, PhD, Sr. Advisor for Health Communications and E-Health
Title of Presentation: **Providing Culturally Proficient Health Literacy Services: Practice Perspectives from the Health Resources and Services Administration (HRSA)**

Cynthia Baur is the senior health communication and e-health advisor in the Office of Disease Prevention and Health Promotion (ODPHP), U.S. Department of Health and Human Services. She leads the Office=s work on the *Healthy People 2010* Health Communication Focus Area that includes the national objective to improve health literacy. In fall 2003, Dr. Baur and the Office of the Surgeon General jointly managed Secretary Thompson's Workgroup on Health Literacy, which elevated health literacy as a strategic element in HHS's prevention initiative. She is the HHS staff lead for the health literacy component of the 2003 National Assessment of Adult Literacy (NAAL), and the chair of the HHS workgroup on health literacy. She managed the development of the national health literacy action plan in *Communicating Health: Priorities and Strategies for Progress* (2003). She also directs several health communication research and evaluation projects, including the Personal e-Health Tools project and the development of multi-media prevention content for the public. She provides staff support for the National Health Information Infrastructure (NHII) project of the National Committee on Vital and Health Statistics. Dr. Baur holds a Ph.D. in Communication from the University of California, San Diego.

R. Benkert, Assistant Professor
Title of Presentation: **Strategies for Increasing Cultural Competence in Health Care**

Professor Benkert is an Assistant Professor at Wayne State University. Her area of rese.arch focuses on cross-racial relationships in primary care, as well as, the outcomes of care that are affected by these relationships. Dr. Benkert's funded research has explored the variables of cultural mistrust, trust, satisfaction and racism in the health care arena.

Katherine Benson; Information Systems Administrator
Title of Presentation: **Communities, Culture and Data Collection: Strategies for Enhancing Racial and Ethnic Data**

Katherine Benson is the Information Systems Administrator for the Hawaii Outcomes Institute. She has worked in the field of Health Care Information Technology for 22 years, specializing in Business Intelligence and Data Warehousing. She is currently directing the development of the Hawaii Health Data Warehouse project, an effort funded by the Hawaii Department of Health. The focus of this project is improving the collection and use of public health data for policy development and program planning.

Joseph Betancourt, MD, MPH, Director, Disparities Solutions Center
Title of Presentation: **Approaches to Care: Strategies for Improving Patient Satisfaction**

Joseph R. Betancourt is Director of the Disparities Solutions Center and Senior Scientist at Massachusetts General Hospital's Institute for Health Policy. He is also Director of Multicultural Education, Assistant Professor of Medicine at Harvard Medical School, and a practicing internist. Dr. Betancourt has served as principal investigator on several federal and foundation grants and sat on two Institute of Medicine (IOM) Committees that produced the reports Unequal Treatment: Confronting Racial/Ethnic Disparities in Health Care and Developing a National Health Care Disparities Report.

Workshop Presenters

Lynn Blewett, PhD, Associate Professor
Title of Presentation: **Racial Disparities in Childhood Immunization Rates: Empirical Evidence, Analysis of Determinants and Policy Implications**

Lynn A. Blewett is an Associate Professor in the Division of Health Services Research and Policy at the School of Public Health, University of Minnesota. She is also the Principal Investigator of the State Health Access Data Assistance Center (SHADAC) an initiative funded by The Robert Wood Johnson Foundation to conduct research and policy analysis on the factors affecting health insurance coverage and access from a state policy perspective. She was the Principal Investigator of a study exploring the impact of health insurance coverage and immunization status funded through a cooperative grant from the CDC to the Associations of the Schools of Public Health.

C.J. Bliss, Associate Dean and Professor
Title of Presentation: **Breaking Down Barriers to Careers in the Health Professions**

Professor Bliss directs the University of Utah's LEAP Program, which enrolls 650 freshmen, and also teaches in all four years of Health Sciences LEAP. Dr. Harris, in addition to serving as a Professor of Dermatology and Pathology, is Assistant Dean of the University of Utah's School of Medicine and Assistant Vice President for Diversity in the Health Sciences. Both helped to design and implement the Health Sciences LEAP program and have been with it since its inception in 2001.

Dan Blumenthal, MD, Chair, Department of Community Health & Preventive Medicine
Title of Presentation: **Participatory Reseach in Cancer Prevention**

Dan Blumenthal is Professor and Chair of the Department of Community Health and Preventive Medicine and Associate Dean for Community Programs at Morehouse School of Medicine. He received his MD degree from the University of Chicago and his MPH degree from Emory University. He completed his pediatrics residency at Tulane. Prior to coming to Morehouse, he was a VISTA volunteer, a consultant to the World Health Organization, and an Assistant Professor at Emory University School of Medicine.

C. Braddock
Title of Presentation: **Best Practices in Cultural Competence Education**

Ms. Braddock's project, the Cultural Competence and Health Disparities Education Collaborative is a group of twelve educator-investigators recently awarded 5-year grants to develop curricula to increase the overall knowledge and skills of medical students, house staff, and other professionals, including practicing physicians on the ethnic, cultural, religious, socioeconomic, linguistic and other factors that contribute to health disparities, and on culturally competent approaches to mitigating these disparities.

Workshop Presenters

Dwayne Brandon, MA, PhD, Research Facilty Member
Title of Presentation: **Variables Affecting Health Disparities: Engaginh in Community-Based Participatory Research and Clinical Trials**

Dr. Dwayne T. Brandon received his B.A. in psychology from the North Carolina A & T State University and his M.A. in Clinical Psychology from North Carolina Central University. He also earned his Ph.D. in Biobehavioral Health from the Pennsylvania State University. He is currently a research faculty member with the Hopkins Center for Health Disparities Solutions at the Johns Hopkins Bloomberg School of Public Health. Dr. Brandon's current research involves the examination of racial disparities in measures of health and well-being in a sample that controls for racial differences in socioeconomic status and residential exposures.

Elizabeth Brondolo, PhD, Professor
Title of Presentation: **Cardiovascular Disease in Minorites: Characteristics and Improvement in Data Collection**

Dr. Brondolo is a professor at St. John's University, in the Psychology Department. She has received funding from the American Heart Association, the National Lung and Blood Institute and NIMH, to study the relationship of interpersonal conflict to cardiovascular risk. Her current project examines the relationship of racism to coping in ambulatory blood pressure in a community sample.

J.M. Brooks, Predoctoral Fellow
Title of Presentation: **Ethnic and Racial Disparities in Asthma**

J. Margo Brooks is currently a Predoctoral Fellow at the Center for Health Disparities at the University of Pennsylvania School of Nursing. She has been a Nurse Practitioner for the past six years, and her research interests include the historical roots of health disparities among African Americans.

Silas Buchanon, President
Title of Presentation: **Institute: Leveraging Health Information Technology to Mitigate Minority Health Disparities**

Mr. Buchanan founded and managed GMG Inc., an international trade firm with offices and staff in the U.S. and West Africa, serving such clients as Shell Petroleum, ExxonMobil Petroleum, TotalfinaElf Petroleum, and NLNG. He earned a B.A. in marketing communications from the University of Akron. Mr. Buchanan has more than 20 years of domestic and international sales, marketing, and management experience. He is currently President of UPRIS™ Systems Corporation, a health care information technology firm headquartered in Cleveland, Ohio. UPRIS Systems Corp. develops proprietary, Web-based interactive personal health record management systems. UPRIS Systems also developing several Web-based health literacy, education, cultural competency, and emergency preparedness tools, as well as systems that support physician adoption of a patient-centered care communications model.

William J. Burman, MD
Title of Presentation: **Variables Affecting Health Disparities: Engaging in Community-Based Participatory Research and Clinical Trials**

William J. Burman is the Medical Director of the Infectious Diseases Clinic of Denver Public Health and a clinical researcher in the fields of tuberculosis and HIV infection.

Karen Burns White, BS, MS
Title of Presentation: **Partners in Research: Linking Clinical Research and Practice**

Karen Burns White is Deputy Associate Director for the Initiative to Eliminate Cancer Disparities at Dana-Farber/Harvard Cancer Center in Boston, Massachusetts. As Deputy Associate Director, she coordinates the planning and implementation of the Center's efforts to increase minority participation in all levels of the Cancer Center activities associated with cancer research. For the past three years, Ms. Burns White has been involved in creating a partnership with University of Massachusetts Boston. This partnership has led to the submission of a U-56 Cooperative Planning grant through the National Cancer Institute that promotes collaborations in the areas of cancer research, education, career development and outreach to minority communities across cancer centers and minority-serving institutions.

She holds a B.S. in Health Information Management and a M.S. in Health Care Administration. She has been an Adjunct Professor at Northeastern University in Health Information Management.

Valentine Burroughs, MD
Title of Presentation: **National, State, and Local Leadership to Improve Health Care Outcomes for Minority and Limited English Proficient (LEP) Communities**

Valentine J. Burroughs is a physician, medical director, educator, and lobbyist with almost 20 years of experience designing and delivering innovative health care services. Along the way he has developed special expertise in managing health care delivery and wellness programs for minority communities in managed care and public health environments. Additionally, Dr. Burroughs has a superb ability to work with community leaders, government officials, and the pharmaceutical industry. He is currently the Chief Medical Officer at North General Hospital in New York City. Under his guidance and leadership, the hospital is experiencing major growth in patient care and education.

Beneta Burt
Title of Presentation: **Effective Policy to Eliminate Health Disparities: A Plan, a (Wo)Man, and Advocacy**

Ms. Beneta Burt is the former President and CEO of the Jackson Urban League and is now working full time consulting on various community advocacy and health issues relating to improving the quality of life for citizens of the Jackson and greater Mississippi communities. She is Chair of the Jackson Roadmap to Health Equity Community Steering Committee

Jada C. Bussey-Jones, MD
Title of Presentation: **Training Physicians and Other Health Care Providers in Cultural Competency**

Dr. Bussey-Jones is an Assistant Professor at Emory University School of Medicine and is the Director of Ambulatory Care Clinics at Grady Memorial Hospital. This site provides services and care for a large minority and underserved population. Dr. Bussey-Jones also is the Course Director for the Cross-Cultural curriculum for 3rd year Medicine and for the residency training program in medicine.

Leona Butler
Title of Presentation: **Immigrant Families and Access to Primary Care: Federal, State, and Local Solutions**

Joanne Calista, LICSW
Title of Presentation: **Reaching Unserved Populations with Mental Health & Health Care Services**

Joanne Calista, Executive Director of the Central Massachusetts Area Health Education Center, Inc. brings 20 years of experience developing innovative public health strategies to address health disparities in multicultural communities. Ms. Calista received a master's degree in social work from Columbia University and a bachelor's degree in psychology and social relations from Harvard University and is a recipient of the Manuel Carballo Governor's Award for Excellence in Public Service.

Neil Calman, MD
Title of Presentation: **Health Disparities: A Blueprint for Action**

Neil Calman, MD, a family physician, is President and co-founder of the Institute for Urban Family Health, an organization that has been providing primary care to underserved groups and operating health professional training programs for more than 20 years. In 1999, Dr. Calman became the Principal Investigator of the Bronx Health REACH project, a community-based program designed to eliminate racial disparities in health outcome in the southwest Bronx.

Dr. Calman is chair of the Health Reform and Finance Subcommittee of the New York State council on Graduate Medical Education, and the Clinical Committee of the Community Health Care Association of New York State. This year he was appointed to the Health Policy Roundtable of the Aspen Institute - a group charged with delineating the values and principles on which the country must base its future health care system.

Amparo del Socorro Castillo, MS
Title of Presentation: **Improving Diabetes Knowledge and Self Management Skills**

Doctor Castillo graduated with a degree in Medicine and Surgery from Javeriana University in Bogota, Colombia, in 1982. During her two years in rural practice, she worked in inpatient and outpatient primary care and emergency surgery, and the administration and development of rural community projects with programs in education and Preventive Medicine. She organized and implemented a city-wide vaccination program that was used as a pilot project for other cities, and regular medical assistance for the underserved Katio-Embera indigenous community. Her report on an epidemic of hepatitis that afflicted the indigenous community of Murrí, Antioquia, was published in the "Boletín Epidemiológico de Antioquia" in June, 1982.

She is currently the director of a project where she organizes and delivers educational programs for community health care workers and professionals assisting the Hispanic and African American minorities of Southeast Chicago. She has initiated studies at the UIC-School of Public Health to strengthen her skills in bringing complementary and alternative medicine approaches to minority communities for the prevention and treatment of chronic conditions.

She received training in Auriculo-Therapy and Auriculo-Medicine, and the practice of the Transcendental Meditation Program and obtained a Master of Science degree in Physiology from Maharishi University of Management in Fairfield, IA, in 1994. In 1995 she was awarded an NHLBI-sponsored Post-Doctoral Fellowship to study the effects of Transcendental Meditation on carotid atherosclerosis in hypertensive African Americans, and the results of this study were widely publicized. She was Assistant Professor and Researcher at the College of Maharishi Vedic Medicine and the Center for Natural Medicine and Prevention at Maharishi University of Management.

Marne Castillo
Title of Presentation: **An Exploration of Patient Perceptions and Cultural Barriers that Impact Health Care**

Marne Castillo has been interested in cultural competence in health care settings since 1999 when she began working with performance assessment for medical students. Since then, she has performed presentations at medical schools, in the U.S. and abroad, and worked with the National Board of Osteopathic Medical Examiners as their consultant for cultural competence. Dr. Castillo is expanding her work in this field as it applies to research within urban communities. She is currently the director of Connect to Protect, a community-based research project for adolescent HIV/AIDS at the Children's Hospital of Philadelphia.

Mei Lin Castor, MD
Title of Presentation: **Identifying Challenges and Exploring Opportunities for Improved Data: Urban American Indians, Alaska Natives, Asians and Pacific Islanders**

Mei Lin Castor is a Commissioned Corps Officer with the Indian Health Service. She is stationed as the Lead Epidemiologist with the Urban Indian Health Institute, a division of the Seattle Indian Health Board in Seattle, Washington. Prior to this, Dr. Castor worked as an Indian Health Service family practice physician in New Mexico. She received additional public health training in the Epidemic Intelligence Service and preventive medicine residency programs, both at the Centers for Disease Control and Prevention.

Evelyn Cherow, MA, MPA
Title of Presentation: **Virtual Education and Training Programs Meeting the Needs of Hard of Hearing or Deaf and Migrant Communities**

Evelyn Cherow, MA, MPA, is Executive Director of the new Congressionally-funded Institute for Persons Who Are Hard of Hearing or Deaf and the Center for Human Advancement at National University (La Jolla, CA). She has served for over three decades in Washington, DC as a senior level executive in non-profit educational and professional organizations (Gallaudet University's Pre-College Programs; American Speech-Language-Hearing Association) focused on health care and education advocacy as well as on service delivery to children and adults with disabilities. She has designed and conducted over 50 national educational conferences and authored profession-wide newsletters, monographs, and articles.

Ms. Cherow formed, led, and participated in national coalitions and interdisciplinary committees to shape U.S. federal and state legislative and regulatory policy, as well as facilitated expert panels, built consensus, and promulgated policy guidelines to improve national and international preferred education and health care practices. She has served as an advisor to U.S. federal agencies (CDC, NIDCD, OSHA, FDA) on projects of national significance. In 2002, she completed a Master's in Public Administration degree at Harvard University's Kennedy School of Government with concentrations in leadership and advocacy, as well as emphases in negotiations and international development.

Erica Childs, MPH
Title of Presentation: **Expanding Access to Preventive Screenings for Underserved Women**

Erica Childs is the Coordinator of the Celebremos La Vida program of the Cancer Research and Prevention Foundation.

Susan Choi, MS
Title of Presentation: **Practical and Policy Guidelines for Improving Healthcare Language Access**

Susan Choi serves as Program Manager at Special Service for Groups' PALS for Health program. She supervises the recruitment, training, and continuing education of all health care interpreters. Since 2001, Ms. Choi has been responsible for overseeing a grant from The California Endowment that supports the statewide development and implementation of the Connecting Worlds Health Care Interpreter Training curriculum, Training of Trainers curriculum, and the statewide Language Proficiency and Interpreter Readiness exams. Ms. Choi is also a lead trainer who has taught over 150 bilingual/bicultural interpreters. She has the expertise in evaluation methods and works closely with the PALS for Health's Advisory Council's Quality Management Committee, to ensure the efficiency, effectiveness, and cultural appropriateness of the PALS for Health Program. Ms. Choi received her Masters of Science degree in Environmental Health Science and Policy from the University of California, Irvine.

Diana Christmas, MPH
Title of Presentation: **Models for Addressing Behavioral Health in Minority Populations**

Diana Christmas, holds a MPH in maternal and child health and developed residential programs for women of color living with HIV/AIDS and recovering from substance abuse. She is the Director of the Boston Healthy Start Initiative and for the past eleven years has worked to decrease infant mortality in Boston's Black communities.

Charles Collins, PhD
Title of Presentation: **Diffusing HIV Intervention Models**

Charles B Collins, Jr. is the Team Leader for the Science Application Team in the Capacity Building Branch of the Division of HIV/AIDS Prevention at the CDC. His team is responsible for the diffusion of evidence based behavioral interventions into HIV prevention public health practice. Dr. Collins has made multiple presentations to health departments and community based organizations on the utility of implementing science based interventions for high risk persons.

Nakela Cook, MD
Title of Presentation: **Using Enabling Services to Break Down Barriers to Access To Health Care in the Asian American and Pacific Islander (AAPI) Communities**

Nakela Cook received her Bachelor of Science degree at the University of Alabama at Birmingham. She received her medical degree at Harvard Medical School in 2000. She completed her training in internal medicine in 2003 and is currently a clinical and research fellow in cardiology at Massachusetts General Hospital. As a 2003-2004 Commonwealth Fund/Harvard University Fellow in Minority Health Policy, she fostered her policy and research interests in the differential incidence, progression, and outcomes of cardiovascular disease by race and gender.

Rosaly Correa-de-Araujo, MD, MSc, PhD
Title of Presentation: **Improving the Quality and Outcomes of Health Care Through Gender Analysis**

Rosaly Correa-de-Araujo is a cardiovascular pathologist trained at the National Heart, Lung, and Blood Institute, NIH. As AHRQ's Director of Women's Health and Gender-Based Research, Dr. Correa oversees the development of a national research agenda for women and gender issues in consultation with prominent members of the research community, and other government agencies. She has been involved in numerous interagency workgroups and committees addressing issues related to the management of chronic diseases in women.

In the past, Dr. Correa worked with AHRQ's Evidence-Based Practice Centers Program, and oversaw the development of various systematic reviews on topics of clinical relevance to women's health and managed a portfolio of research grants targeting geriatric issues. Prior to joining AHRQ, Dr. Correa acquired a vast experience with the safe use of medications in the elderly through numerous years of work in the development and maintenance of a database on evidence-based geriatric pharmacotherapy for clinical decision support; she studied medication errors in the elderly and developed principles to improve medication use outcomes in this population. Dr. Correa also played an important role in making medicines safe and effective. Her work in this field continues through the activities she performs as member of advisory committees of numerous professional medical and pharmaceutical societies.

J.M. Courval, MPH

Title of Presentation: **Tuberculosis and Minorities: Current Local Epidemiology, Research, and Program Evaluation**

J.M. Courval is Research Statistician government contractor in the Division of Tuberculosis Elimination at the Centers for Disease Control and Prevention in Atlanta, Georgia. She completed her academic training at the California Institute of Technology and Columbia University School of Public Health.

Chuck Croner
Title of Presentation: **Adapting Sampling and Analytic Tools for Data and Policy Development**

Chuck Croner is a Geographer and Survey Statistician, National Center for Health Statistics, Centers for Disease Control and Prevention. He is the founding Editor of the bimonthly CDC report Public Health GIS News and Information where he reports regularly on minority public health inequalities. He is the recipient of numerous CDC awards for dedicated work for equal employment opportunity and civil rights and for establishing important CDC partnerships with minority behavioral and social scientists. He was honored this year at Howard University's 22nd Annual HBCU Summer Faculty GIS Workshop. The award reads "In recognition of your extraordinary commitment to communication in the GIS field and contributions to GIS at HBCUs". His record reflects a long-term commitment and advocacy for building CDC bridges with minority institutions, as an important means to attract talented minority scientists into public health. He was recently appointed to CDC's new Diversity Action Working Group.

Yanira Cruz
Title of Presentation: **Health Initiatives for Older Adults**
Ms. Cruz is the President and CEO of the **NHCOA**. Before joining NHCOA, Cruz served as executive director and chief operating officer of the Hispanic-Serving Health Professions Schools (HSHPS) in Washington. She joined HSHPS after serving as director of the Institute for Hispanic Health at the National Council of La Raza (NCLR) where she led numerous public health programs to improve the health status of Latinos nationwide.

Ms. Cruz holds an adjunct faculty appointment at The George Washington University School of Public Health. She received her Bachelor of Science in Biology and holds a Master's degree in Public Health with a concentration in International Health from The George Washington University School of Public Health, and is currently pursuing a Doctorate in Public Health. Her focus is on providing a Hispanic perspective on public health issues to increase policy-maker and public understanding of Hispanic needs, and to encourage the adoption of programs and policies that equitably serve Hispanics.

John Cyprus, BA, MAT
Title of Presentation: **Cardiovascular Diesease Prevention in Non-Traditional Health Care Settings**

John Cyprus is the Initiative Manager of the Kansas City-Chronic Disease Coalition, operating under the Missouri Primary Care Association. The KC-CDC is a REACH 2010 Project, funded by the Centers for Disease Control and Prevention.

Hassan Danesi, MD
Title of Presentation: **Controlling Infectious Diseases in High-Risk Populations**

Hassan Danesi is a Nigerian trained Physician. He has done HIV/AIDS prevention education, treatment and care in Nigeria, Cameroon, Gambia and presently USA.

He is the HIV Prevention Manager for PECHE in DeKalb County area of Metro Atlanta, Georgia.
PECHE works to address health disparities among the growing African Immigrant /Refugee Communities of DeKalb County, GA.

Julie Darnell, MS
Title of Presentation: **Engaging Faith-Based Organizations in Community-Based Participatory Research to Eliminate Health Disparities**

Julie Darnell is currently a Senior Research Specialist in the Division of Health Policy and Administration, School of Public Health, at the University of Illinois at Chicago. She specializes in studying issues related to access to, and the delivery and financing of, health care for poor and vulnerable populations.

Ms. Darnell has a master's degree in health services administration from The George Washington University and a master's degree in social service administration from The University of Chicago, where she also is a doctoral candidate.

Camina Davis, MS
Title of Presentation: **Educational Pipeline for Under-represented and Underserved Populations**

Camina Davis is an Emerging Leaders intern, specializing in Public Health. Camina received a BS in Biological Science from Florida State University and an MS in Health Promotion from UNC-Charlotte. Her career has gotten off to a successful start, as she was awarded two consecutive grants, from the Carolinas Community Health Institute, for pregnancy prevention interventions among adolescent minorities attending YMCA Afterschool Programs. She recently received funding from the American College Health Association, for UNC-Charlotte, to coordinate HIV prevention interventions among UNC-Charlotte and HBCU college students.

Lori de Ravello
Title of Presentation: **Controlling Infectious Diseases in High-Risk Populations**

Lori de Ravello is an employee of the Centers for Disease Control and Prevention assigned to the Indian Health Service National STD Program in Albuquerque, New Mexico. She is currently serving as the STD Program Manager.

Charles Debnam, BA
Title of Presentation: **HIV Networks and Coalitions in Communities of Color**

Charles Debnam is a graduate of Fisk University in Nashville, TN with degrees in business and computer science. In 1993, he began employment as the Community Organizing Assistant and was promoted to Membership Associate at the AIDS Action Council in Washington, DC until 1995. Under the Public Policy Department at the National Association of People with AIDS (NAPWA), Mr. Debnam worked on Needle Exchange, Prevention, Treatment, Research, Testing issues, and co-directed the organization of one of the largest AIDS lobbying efforts, AIDSWatch. Presently, he is the Senior Associate for PWA Leadership and Development at NAPWA.

Raul A. DeLa Cadena, MD
Title of Presentation: **Strategies for Increasing Cultural Competence in Health Care**

Raul DeLa Cadena receive his bachelor degree from the Mexico University Center in Mexico City. In 1984, he receive his medical degree from La Salle University School of Medicine, Mexico City. He did a postdoctoral fellowship in Thrombosis and Haemostasis at Sol Sherry Thrombosis Research Center, Temple University School of Medicine, Philadelphia, PA. In 1998, he was appointed Assistant Dean and the Director of the Recruitment, Admission and Retention Program and Associate Professor of Physiology at Temple University School of Medicine. He is also the Director of the Center of Excellence for Health Disparities Research and Training at Temple. He has numerous peer reviewed publications, as well as invited paper and review papers.

Leonard Epstein, MSW
Title of Presentation: **Providing Culturally Proficient Health Literacy Services: Practice Perspectives from the Health Resources and Services Administration (HRSA)**

Leonard G. Epstein serves as Senior Advisor on Clinical Quality and Culture for the Health Resources and Services Administrations (HRSA) Office of Minority Health and Health Disparities and as Sr. Advisor to the Office of the Chief Medical Officer. In his 16-year tenure at HHS, Mr. Epstein has served in similar roles with HRSA's Bureau of Primary Health Care and with the Substance Abuse and Mental Health Services Administration (SAMHSA). From 1991-2001, Mr. Epstein served as Managing Editor for a collaborative nine-volume HHS monograph Series on Cultural Competence in Health Care. Additionally, he has developed educational curricula for SAMHSA and HRSA-supported cultural competency training programs. He was managing editor for a collaborative HHS-sponsored publication, Quality Health Care for Hispanics: the Cultural Competency Component, and co-developer of the American Academy of Family Physicians video training tool: Quality Care for Diverse Populations. Mr. Epstein developed and managed implementation and dissemination of the Provider's Guide to Quality and Culture, a web-based, interactive learning platform and resource toolbox on clinical cultural proficiency.

Joshua Fogel, PhD
Title of Presentation: **Enhancing the Access of Racial and Ethnic Health Information via the Internet**

Dr. Joshua Fogel is an Assistant Professor in the Department of Economics at Brooklyn College. His research interests include the use of Internet health information among women with breast cancer and also the impact of race/ethnicity on Internet use. Co-presenter, Dr. Phyllis D. Morgan is an Assistant Professor in the Department of Nursing at Fayetteville State University. Her research interests include the psychosocial challenges and the disparities experienced by African American women with breast cancer.

Clayton Fong, BA
Title of Presentation: **Health Initiatives for Older Adults**

Clayton Fong is President/CEO of the National Asian Pacific Center on Aging, a nonprofit organization that advocates on behalf of elder Asian American and Pacific Islanders at the national and local levels.

Previously, Mr. Fong served in numerous senior management positions at the White House and with the Governor of California. He is a member of the Policy Commission for the White House Conference on Aging; President's Commission on White House Fellows; Chairman of the Asian Pacific American Institute for Congressional Studies and many more boards and commissions. In April 2002, President Bush named Fong a member of the U.S. Delegation to the United Nations Second World Assembly on Aging held in Madrid, Spain.

Mary Anne Foo, MPH
Title of Presentation: **Participatory Reseach in Cancer Prevention**

Mary Anne Foo is the founder and executive director of OCAPICA, which was established in 1997. She received her MPH from UCLA and has been working with many different Asian and Pacific Islander communities on a local and national level.

Roosevelt Freeman, JD
Title of Presentation: **Patient Distrust & the American Healthcare System – Overcoming the Legacy of Tuskegee**

Mr. Freeman is Regional Manager, Region IV, Office for Civil Rights, U.S. Department of Health and Human Services. He is a sought after speaker on the subject of Patient Distrust and health disparities.

Jennifer Frost, PhD
Title of Presentation: **Overcoming Gaps in Knowledge and Research on the Sexual and Reproductive Health of Minorities**

Jennifer Frost, Dr.PH, is Senior Research Associate with the Guttmacher Institute, an organization dedicated to advancing sexual and reproductive health through research, policy analysis and public education. She is a leading expert on family planning service delivery, contraceptive use, adolescent sexuality and pregnancy, and access to reproductive health care.

Roland Garcia
Title of Presentation: **Cancer Patient Navigation: Models for Addressing Health Disparities**

Dr. Roland Garcia is a Program Director for the Center to Reduce Cancer Health Disparities at the National Cancer Institute (NCI). He brings to the position a wealth of experience in health care delivery, health professions training, and program management in health disparities research. Dr. Garcia directs extramural research programs in health services outcomes and treatment interventions that address the reduction of cancer health disparities. He is currently the Program Director for the Patient Navigator Research Program.

Brian Gibbs, PhD, MPA, OTR/L
Title of Presentation: **Effective Policy to Eliminate Health Disparities: A Plan, a (Wo)Man, and Advocacy**

Brian K. Gibbs, is an Instructor in the Division of Public Health Practice, Harvard School of Public Health and Director of the Program to Eliminate Health Disparities, Harvard University, Boston, MA. Since 1990, he has participated in research and evaluation activities in minority health, health disparities and adolescent violence prevention. He is the project director for Cherishing Our Hearts and Souls, a coalition established to educate communities, providers and policy makers about the intersections of racism and health. Dr. Gibbs is a former Program Chair and Associate Professor of Occupational Therapy within the School of Allied Health Sciences, Florida Agricultural & Mechanical University. He has 17 years of clinical practice and management experience in the field of occupational therapy.

T.L. Gipson-Jones
Title of Presentation: **Models for Addressing Behavioral Health in Minority Populations**

T.L. Gipson-Jones is a 2005 graduate of Hampton University School of Nursing's Doctoral Program. It is the first doctoral program in nursing at an HBCU. Her dissertation examined the relationship between work-family conflict, job satisfaction and psychological well-being among African American Nurses. Currently, she is a Post-Doctoral fellow in the University of Pennsylvania School of Nursing's Center for Health Disparities.

Marlene Glassman, PhD, MSW
Title of Presentation: **Community Involvement in Racial and Ethnic Disparities in Cancer**

Marlene Glassman is a health scientist in the Prevention Program Branch (PPB) of the Divisions of HIV/AIDS Prevention (DHAP) at the Centers for Disease Control and Prevention (CDC), Atlanta, Georgia. Prior to joining PPB, Dr. Glassman worked on evaluation projects in DHAP's Program Evaluation and Research Branch. She has over 15 years of experience in the monitoring and evaluation of social welfare and public health prevention programs.

Debbie Gold
Title of Presentation: **Faith Based Models and Initiatives to Eliminate Cardiovascular and Drug Disparities**

Debbie Gold is a program manager with the Office of Health Promotion and Substance Abuse Prevention, a division of the Montgomery County Department of Health & Human Services. She is the creator and manager of the G.O.S.P.E.L. Program. She is deeply concerned about health disparity issues among African Americans and has developed the G.O.S.P.E.L. program to address these issues with a focus on how tobacco is a risk factor for many of the health disparities.

She previously worked as a Public Health Advisor for Montgomery County Department of Health & Human Services. In that role, she created and managed the Adolescent Chlamydia Project, monitored county contracts on HIV prevention and co-chaired a regional committee addressing HIV in priority populations.
Ms. Gold has 15 years experience in public health, focusing on health promotion, chronic disease prevention, communicable diseases and epidemiology.

Irvienne Goldson
Title of Presentation: **Communication Strategies for Eliminating Disparities**

Ms. Goldson brings over 20 years experience in health education and training, curriculum and program development. She is skilled in working with diverse ethnic, cultural, and sexual populations and in providing developmentally appropriate reproductive and sexual health education. Ms Goldson manages an urban community-based reproductive health education and training program and developed the program model for programs such as the Entre Nosotras/Between US Program and Men's Preventive Health Counseling Program.

Maxine Golub
Title of Presentation: **The Role of Faith-Based Institutions in Developing Health Promotion and Disease Prevention Strategies to Improve Community Wellness**

Maxine Golub provides leadership to the Institute's development activities, and serves as liason to commu-

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nity-based and funding partners. Ms. Golub was instrumental in developing Bronx Health REACH, a coalition of community and faith-based organizations in the southwest Bronx that addresses racial disparities in health outcomes. She also serves as the Project Director for the Metropolitan Region of the New York State Area Health Education Center System, designed to increase diversity in the healthcare workforce.

Ms. Golub has worked in community health for more than 25 years, developing health outreach, primary care, and training programs, striving to address the challenges faced by community residents and health care providers within the complex urban health care system. In 2003, Ms. Golub received the Rosemarie Forstner Award from the Community Health Center Association of New York State for her outstanding dedication to making health care more accessible to the medically underserved.

Guillermo Gomez, BA, MSc
Title of Presentation: **Ethnic and Racial Disparities in Asthma**

Guillermo Gomez has extensive executive level management experience in service oriented, mission-driven organizations in underserved minority communities primarily in Chicago. He has earned an undergraduate degree in Social Welfare and a Master of Science in Guidance and Counseling from the University of Wisconsin-Whitewater. His experience includes program implementation and grant management, as well as community-based research. Additional experience includes advocacy for policy changes impacting the educational system, adult education, public transportation, and health services at both the city and state-wide level.

Belsie Gonzalez
Title of Presentation: **Learning: An Essential Function for Improving Health Disparities**

For the last 10 years Belsie González has been working toward the elimination of health disparities through the development of educational multi-media campaigns, and programs to reach underserved populations. Among her most recent accomplishments is the development of a Latino Program for the Cherokee Family Violence Center in Georgia. The Center went from serving nine Latino survivors a year to serving 85 the first year after the implementation of the program. During the last year González has been working toward obtaining her Graduate Degree in Public Health from Georgia State University where she has been functioning as a Graduate Research Assistant.

M.G. Gonzalez, Director of Prevention & Education
Title of Presentation: **Effective and Innovative Approaches to Limited English Proficiency**

M.G. Gonzalez has been an RN for 17 years and has been in the HIV/AIDS field for 10 years. In her position as Director of Prevention and Education, she has been responsible for the implementation of a bilingual and bicultural clinic which currently serves over 400 HIV positive Hispanic patients. She is also a member of the Cook County Bureau Institutional Reveiw Board which oversees all research protocols for the Bureau of Cook County and co-chair of WHAPA, a regional coalition of HIV/AIDS providers.

Nila Gouldin
Title of Presentation: **State Collaborative to Eliminate Health Disparities**

Nila Gouldin joined the Office of Minority and Multicultural Health, Minnesota Department of Health to serve as a liaison between MDH and communities of African descent in the state. Her role at OMMH is to create and sustain strategies, activities and research that improve the health and well being of people of African descent, with respect to the numerous cultures and ethnicities. She has lived in Minnesota all of her life and has been involved in various areas of health for over 20 years. Her past experience includes working as a health program officer at the Urban Coalition in St. Paul and working as an equal opportunity specialist with the Office of Diversity and Equal Opportunity at the Minnesota Department of Employee Relations (DOER). She is currently a member of the board of directors with the Sexual Violence Center of Minneapolis.

Stella M. Gran-O'Donnell, MSW, MPH
Title of Presentation: **HIV Among Immigrant and Refugee Communities**

Stella Gran-O'Donnell is a third year Social Welfare doctoral student & NIMH Prevention Fellow at the University of Washington. She received her MSW/MPH at the UW and has 10+ years experience conducting research collaborating with community organizations providing social, health and mental health services to Asian Americans/Pacific Islanders and other refugees/immigrants in Seattle/King County. In her former position at Public Health-Seattle & King County, she worked for over 5 years as lead researcher on multiple projects: 1) Urban Research Center's Promoting Assets Across Cultures (PAAC) Project, a demonstration project aimed at mobilizing refugee/immigrant youth and communities to promote community health; 2) as Co-Director of the Community Research Center, a training/technical assistance center funded to assist CBOs and grassroots groups in building technical capacity in grantwriting, assessment, research and evaluation; 3) as Evaluator for the Native Women's Infant Mortality and 4) King County's Asthma & Allergy Foundation's children/parent community education projects.

Juan B. Grau, MD
Title of Presentation: **Examining Contributors To Racial Variation In Clinical Procedures Leading To Disparities In Patient Outcomes Between African Americans And Whites**

Juan B. Grau began his scientific career as a research fellow while completing his chief resident year in general surgery at NYU School of Medicine. His early work with embryonic organogenesis was followed by clinical research as part of the Eastern Association for the Surgery of Trauma multi-institutional Hollow Viscus Injury research group. Dr. Grau served as attending surgeon in charge of the trauma unit at Bellevue Hospital in New York and, following completion of a fellowship in cardiothoracic surgery, joined the Department of Cardiothoracic Surgery at NYU where he is today an attending surgeon and assistant professor at the School of Medicine. Dr. Grau's current research projects focus on minimally invasive cardiac surgery and mitral valve repair techniques, as well as racial differences in presentation and surgical treatment outcome among different racial and ethnic groups.

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Jon C. Green, PhD, Research Professor
Title of Presentation: **Data Issues for Minority Children with Special Healthcare Needs**

Jon Green is a Regent's Research Professor for the South Dakota Board of Regents, and Superintendent Emeritus of the South Dakota School for the Deaf. Dr. Green has a severe hearing loss and is fluent in oral and signed communication. His research interests are linguistics, multi-cultural aspects of deafness and other disabilities, and outcome studies of early interventions with deaf children and youth.

Amanda Greene, Senior Researcher
Title of Presentation: **Cancer Patient Navigation: Models for Addressing Health Disparities**

Amanda Greene is a senior health services researcher with NOVA Research Company. Her focus is on cancer health disparities and program evaluation. Her background and experiences as an RN and family nurse practitioner have deepened her understanding of the effects of disparities on underserved populations. Her current work includes evaluating Patient Navigator programs for NCI.

Consuela Greene, BS, Community Health Educator
Title of Presentation: **Patient Centered Health Technology Innovations**

Consuela Greene is the Community Health Educator of the Nashville REACH 2010 Project Access to Health Care & Screening Teams. Ms. Greene has a Bachelor of Science Degree from Tennessee State University and has been with the Nashville REACH 2010 Project since its inception. Ms. Greene is committed to community work and strives to eliminate health disparities in the North Nashville community.

Diane Griffin, BA, Women of Color Policy Associate
Title of Presentation: **Effective Policy to Eliminate Health Disparities: A Plan, a (Wo)Man, and Advocacy**

Diane Griffin is the Women of Color Policy Associate in the Government Relations and Public Policy Division of the National Minority AIDS Council, where she serves as an advocate to Congress, federal agencies and key policymakers on HIV related public policy and legislation with a focus on women's issues. In addition, Ms. Griffin manages the Women Of Color Advocacy Institute, which is designed to prepare women of color for active participation in all levels of the HIV/AIDS planning and decision-making process. Ms. Griffin has a Master of Arts in Sustainable Development with a concentration in Development Management from the School for International Training, in Brattleboro, VT. She also has a Bachelor of Arts in Psychology with a minor in Sociology from Clark Atlanta University, located in Atlanta, GA.

Deidre Griffith, MPH, Program Manager
Title of Presentation: **Breaking Down Barriers to Careers in the Health Professions**

Deidre Griffith has her Masters of Public Health from Saint Louis University. Mrs. Griffith currently manages the Eliminating Health Disparities Program at Saint Louis Univeristy and has over 5 years experience working in the field of and adressing issues surrounding, health disparities.

Workshop Presenters

Adam Gurvitch, Health Care Policy Coordinator
Title of Presentation: **Immigrant Families and Access to Primary Care: Federal, State, and Local Solutions**

Adam Gurvitch is Director of Health Advocacy, The New York Immigration Coalition. He is a health advocate for immigrant families who face a combination of language hurdles, fear of immigration authorities and the stress of living in overcrowded and deteriorating housing.

I.S. Gyagenda, Curriculum Development and Training Coordinator
Title of Presentation: **An Exploration of Patient Perceptions and Cultural Barriers that Impact Health Care**

Professor Gyagenda is the Curriculum and Training Coordinator of Prevention Effectiveness Consortium on Health and Education (PECHE). He also teaches Multicultural Education at Mercer University, in Atlanta Georgia. He is a well respected leader in the African Community in Atlanta.

Margaret K. Hargreaves, PhD; Associate Professor
Title of Presentation: **Expanding Access to Preventive Screenings for Underserved Women**

Dr. Hargreaves is a full professor in the Department of Internal Medicne at Meharry Medical College.

Jacqueline Harley, Task Leader, Physician Practice for Underserved
Title of Presentation: **Providing Culturally Proficient Health Literacy Services: Practice Perspectives from the Health Resources and Services Administration (HRSA)**

Ms. Harley is the Centers for Medicare & Medicaid Services' Co-Government Task Leader forth e Quality Improvement Organizations' Physician Practice : Underserved Task A task focused on efforts to promote practitioner cultural competency and culturally and linguistically appropriate services within the ambulatory environment, and improve overall underserved populations' clinical measures in the areas of breast cancer (mammography), diabetes (annual hemoglobin A IC test, biennial lipid profile, and a biennial eye exam), and immunizations (influenza and pneumococcal) . Ms. Harley previously served as the Coordinator of CMS's National Influenza and Pneumococcal Campaign, Team Leader *for* CMS/CDC's Standing Orders *Project,* Lead for the Good Neighbor Flu Project and Co-Lead for the Horizons Pilot Project. Ms. Harley works in the Office of Clinical Standards and Quality's Quality Improvement Group. She has experience in the areas of Federal contracting, quality improvement programs, and health promotion and disease prevention.

Linda Harris, BA; Senior Research Associate
Title of Presentation: **Strengthening Efforts to Eliminate Health Disparities Through Evaluation**

Ms. Harris is the project manager for the evaluation of the Eliminating Health Disparities Initiative. Ms. Harris has evaluated programs in youth development, juvenile justice, health and HIV, and substance abuse prevention. Her special focus since 1992 has been working with Native American communities to increase evaluation capacity. Dr. Peterson-Hickey is a research scientist who specializes in health disparities and vital records research. She has served as an advisor to the Eliminating Health Disparities Initiative since its inception. Ms Edelman is an epidemiologist who focuses on local health assessment and health disparities research. Dr. Hickey and Ms Edelman have worked closely with Ms Harris to develop and implement the evaluation of the Health Disparities Initiative.

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K. Pendergrast Harris, BA MPA; Program Director
Title of Presentation: **The Role of Culture and Health Literacy: Cancer Prevention and Screening**

Mrs. Harris is the Program Director for the Pilot Education Program. She was formerly a Health Specialist for the Pediatric AIDS Clinical Trials Group in Silver Spring, Maryland. Mrs. Harris has over 10 years of managerial experience in healthcare organizational management and community outreach. She worked as a manager for both The American College of Cardiology as well as The Leukemia and Lymphoma Society of America. Additionally, Mrs. Harris is the Founder of The Friends of Michael Foundation, which has added over 500 minorities to the National Marrow Donor Registry. She holds an M.P.A. from the University of Baltimore and a B.A. from Syracuse University.

R.M. Harris, Professor of Dermatology and Pathology
Title of Presentation: **Breaking Down Barriers to Careers in the Health Professions**

Clare Hastings, RN, PhD; Chief, Nursing and Patient Care Services
Title of Presentation: **Partners in Research: Linking Clinical Research and Practice**

Clare Hastings, RN, PhD, FAAN is currently Chief for Nursing and Patient Care Services at the NIH Clinical Center in Bethesda, Maryland. She directs patient care services that support intramural research activities conducted by the National Institutes of Health at its 242-bed research hospital and ambulatory care facility in Bethesda, Maryland and serves as Chief Nurse Officer, responsible for overall nursing practice at the Clinical Center. She also directs the nursing research program at the Clinical Center with portfolio strengths in health behavior, quality of life, symptom management, health disparities reduction and applied clinical research.

Dr. Hastings started her career as a staff nurse at the Clinical Center, and has held senior management roles at the Washington Hospital Center, in Washington, DC and the University of Maryland Medical System in Baltimore, Maryland. She has extensive publications and presentations on ambulatory care nursing, professional practice development and nursing administration.

William Haurser, MD; Regional Director
Title of Presentation: **Patient Distrust & the American Healthcare System – Overcoming the Legacy of Tuskegee**

Sarah Hawley, Research Assistant Professor
Title of Presentation: **The Role of Culture and Health Literacy: Cancer Prevention and Screening**

Sarah Hawley is on the faculty of the University of Michigan, Division of General Medicine and is an investigator with the Ann Arbor VA Center for Health Services Research and Development. Dr. Hawley has her training in health services research and epidemiology from the University of North Carolina. Her research interests are in improving access to and utilization of cancer screening and treatment services, particulary for underserved populations, and in understanding more about the role of physician-patient communication in medical decision making.

Workshop Presenters

Andrea Heckert, BA; Researcher/Capacity Building Coordinator
Title of Presentation: **Adapting Sampling and Analytic Tools for Data and Policy Development**

Andrea Heckert and Kurt Schroeder are community based researchers and also capacity building specialists in the field of HIV prevention interventions for Latino populations in the Western region of the US. They work in collaboration with AIDS Project Los Angeles with the Accion Mutua Program. The authors experience with Respondent Driven Sampling was based on a study with Latino MSM in San Francisco and Chicago.

Melissa Herd
Title of Presentation: **What Minority Seniors Need to Know About Medicare Prescription Drug Coverage**

L. Herman
Title of Presentation: **An Exploration of Patient Perceptions and Cultural Barriers that Impact Health Care**

Kevin C. Heslin, PhD; Assistant Professor and Research Associate
Title of Presentation: **Data Issues for Minority Children with Special Healthcare Needs**

Dr. Heslin is an assistant professor and research associate in the Research Centers in Minority Institutions at the Charles R. Drew University of Medicine and Science.

L.S. Hicks, MD; Instructor in Medicine and Health Care Policy
Title of Presentation: **Examining Contributors To Racial Variation In Clinical Procedures Leading To Disparities In Patient Outcomes Between African Americans And Whites**

L.S. Hicks is an Instructor in Medicine and in Health Care Policy in the Division of General Medicine and Primary Care at Brigham and Women's Hospital and the Department of Health Care Policy of the Harvard Medical School.

DeAnne Messias Hilfinger, PhD; Associate Professor
Title of Presentation: **Translation and Interpretations in Health Care Settings, Community Planning**

DeAnne K. Hilfinger Messias is an Associate Professor in the College of Nursing and the Graduate Director of Women's Studies Program at the University of South Carolina in Columbia, South Carolina. Dr. Messias is a Brazilian-American whose research interests include immigrant health, immigrant women's work and health, and language access issues. She was the Principal Investigator on the Language for Healthcare Access project.

Patricia Holkup, Assistant Professor
Title of Presentation: **Adapting Sampling and Analytic Tools for Data and Policy Development**

Patricia Holkup is an Assistant Professor at Montana State University-Bozeman College of Nursing. Over the past five years, using a community-based participatory research approach, Patricia and her research team have worked with three Native American communities in the Northwest. During this presentation, Patricia will discuss five fundamental principles that have been active in the cross-cultural relationship between the research team and each of the three Tribal communities.

Workshop Presenters

Junko Honma, MSW; Program Coordinator
Title of Presentation: **National, State, and Local Leadership to Improve Health Care Outcomes for Minority and Limited English Proficient (LEP) Communities**

Junko Honma is the Program Coordinator for the Promoting Access to Healthcare (PATH) program at the Association of Asian Pacific Community Health Organizations (AAPCHO). Funded by the Office of Minority Health, PATH program provides resources and technical assistance to Asian American communities in the Midwest and mountain states to develop community capacity to address the health care needs of growing Asian populations in the regions.

Carolyn Houston
Title of Presentation: **What Minority Seniors Need to Know About Medicare Prescription Drug Coverage**

Sonja Hutchins, MPH, DrPH; Acting Team Leader for the Measles, Mumps and Rubella Team
Title of Presentation: **Racial Disparities in Childhood Immunization Rates: Empirical Evidence, Analysis of Determinants and Policy Implications**

N.H. Jack, Public Health Advisor
Title of Presentation: **The Role of Faith-Based Institutions in Developing Health Promotion and Disease Prevention Strategies to Improve Community Wellness**

Sharon Jackson, PhD; Associate Professor
Title of Presentation: **Engaging Faith-Based Organizations in Community-Based Participatory Research to Eliminate Health Disparities**

Dr. Sharon Jackson, Associate Professor of Public Health Sciences at the Wake Forest University School of Medicine, is part of a research partnership between the Wake Forest University School of Medicine, the Winston-Salem, NC faith-based community, and the Shaw University Divinity School. The participation of the Shaw University Divinity School is on behalf of the University of North Carolina-Shaw University Partnership for the Elimination of Health Disparities, which was funded by the National Center on Minority Health and Health Disparities.

Shelley Jackson, J.D.; Senior Civil Rights Analyst,
Title of Presentation: **Protecting Individuals with HIV/AIDS From Disability-Based Discrimination**

E.A Jacobs, Clinician/Researcher
Title of Presentation: **Approaches to Care: Strategies for Improving Patient Satisfaction**

E.A. Jacobs is a clinician-researcher at Cook County Hospital and Rush University Medical Center. She conducts research exploring how to reduce language and cultural barriers to care. She also teaches medical students and residents how to practice culturally competent medical care.

Workshop Presenters

D.T. Jayaweera, MD; Associate Professor in Medicine
Title of Presentation: **Limited English Proficiency and Access to Health Care**

D.T. Jayaweera graduated from the University of Sri Lanka and trained in Sri Lanka and England. He did his residency in internal medicine in Chicago at Loyola and Hines VA program. He is a Professor of Medicine at the University of Miami. He has been involved in AIDS research for almost 15 years and has published extensively on HIV and AIDS. His main research interests are HIV new drug development/clinical trials, hepatitis C and drug abuse among HIV infected individuals.

Dores Jay-Pang, Director Center of Excellence
Title of Presentation: **Virtual Education and Training Programs meeting the needs of Hard of Hearing or Deaf and Migrant Communities**

During ten years Dores worked in South American clinics and in public health as a nurse. She holds a Masters in Medical Anthropology and a Masters in Public Health. Since 1987 Dores works designing, teaching, and managing health education, and health promotion and prevention programs. She has experience as principal research investigator in health promotion and education projects for minority and migrant Hispanic populations. She has worked in the rural areas and in academic and applied health projects in several states within the US migrant stream. Dores has received professional recognition from the US-Mexico Border Health Commission; Healthy Borders 2010; Hispanic League of San Luis Valley, Colorado; Governor of Colorado Roy Romer; La Puente Home Homeless Shelter; and Stop Child Abuse and Neglect (SCAN).

Nancy Jewell, BA, BS; President/CEO
Title of Presentation: **State Collaborative to Eliminate Health Disparities**

Nancy Jewell is the President/CEO for the Indiana Minority Health Coalition (IMHC). She recieved her Masters of Public Affairs, Bachelors of Arts and Bachelors of Science degrees from Indiana University. Ms. Jewell has been involved in minority health advocacy since 1987 while working as an employee for the Indiana State Department of Health. Around this same time, she was privileged to meet other individuals with a similar motivation and passion to reduce health disparities amongst racial and ethnic minority populations. Consequently, the Indiana Minority Health Coalition was birthed and established shortly thereafter. She was also instrumental in the development of the racial and ethnic epidemiology center. Ms. Jewell has also given numerous presentations at local, state, and national conferences, as well as other public events. In her quest to reduce health disparities, she has written several published articles that discuss some of the underlying issues that minority communities face in ameliorating their overall health and well being.

Workshop Presenters

Amri B. Johnson, MPH, CEO and Founder
Title of Presentation: **Video and Web-Based Training for Cultural Competent Care**

Amri B. Johnson, M.P.H. is former CEO and founder of WellSolve Health Research Network a healthcare human resources solutions and training company based in Atlanta, GA. WellSolve is the parent company of Diversity HealthWorks and Georgia HealthWorks, niche healthcare job board portals focused on diversity and the Georgia region, respectively. Currently, Amri is serving as Executive Vice-President and Chief Operating Officer of Cook Ross, Inc. an organizational development consultancy with expertise in healthcare cultural competency.

Trained as a writer/communicator and healthcare professional, Amri holds a B.A. in English from Morehouse College and a Master's in Public Health from Rollins School of Public Health Emory University in Epidemiology. As a healthcare manager and consultant, Mr. Johnson has over 10 years experience in health management, training, and crafting plans and building teams towards organizational success.

R. Johnson, Tobacco Program Manager
Title of Presentation: **Engaging Faith-based Organizations to Address Minority Health Disparities**

Ms. Johnson is Tobacco Program Manager for the PA Department of Health.

Linda Johnston Lloyd, MEd; Senior Advisor
Title of Presentation: **Providing Culturally Proficient Health Literacy Services: Practice Perspectives from the Health Resources and Services Administration (HRSA)**

Linda Johnston Lloyd, Senior Advisor for the Health Resources and Services Administration (HRSA) Center for Quality received her undergraduate degree from Slippery Rock University and her MEd from The Pennsylvania State University.

Linda is the HRSA Health Literacy Coordinator, Chair of the HRSA Health Literacy Work Group and a member of the Department of Health and Human Services (HHS) Health Literacy Work Group. She has made numerous presentations on Health Literacy and the Quality of Health Care. Linda's most recent work focuses on health literacy and the chronic care model. She recently presented a paper on this topic at the International Conference on Healthcare Communication.

She represents HRSA on the Joint Commission on Accreditation of Healthcare Organization's Health Literacy and Patient Safety Roundtable Meetings and on the Institute of Medicine Health Literacy Roundtable Project. Linda is a member of the Expert Review Panel for the American College of Phy

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Karyne Jones, M.A. President and CEO
Title of Presentation: **Health Initiatives for Older Adults**

Karyne Jones is President and Chief Executive Officer of the National Caucus and Center on Black Aged, Inc. (NCBA) and NCBA Housing Management and Development Corporations. Prior to becoming executive director of NCBA, Ms. Jones was Executive Director of Federal Relations with SBC Telecommunications, Inc. based in Washington, D.C . where she lobbied members of Congress on telecommunications issues and policies. She also represented the company's corporate political action committee with national political organizations.

Ms. Jones served for eight years in the Texas Legislature representing District 120 in San Antonio. During her tenure, she served on Appropriations, State-Federal Relations, Corrections and Urban Affairs Committees. She also served as Vice Chair of the House Democratic Caucus and was a member of the Mexican American Legislative Caucus. She is a graduate of Clark Atlanta University where she received her Bachelor's Degree in Political Science and Northern Illinois University with a Master's Degree in Public Affairs. She earned a second Master's Degree in Public Policy/Administration from Harvard University.

Shannon Jones, MPA; Assistant Director, Divsion of Public Health
Title of Presentation: **Engaging Faith-based Organizations to Address Minority Health Disparities**

Shannon Jones currently serves as Assistant Director of Public Health for the City of Austin and Travis County, Texas. In that role he oversees the daily operation of all the public health programs serving a community of 1.2 million people. In addition to these duties Mr. Jones serves on the CDC Advisory Council for the Elimination of Tuberculosis. He recently ended his two-year term as the Texas State Chair of the American Heart Association African American Taskforce. An Associate member of the Merican College of Healthcare Executive and APHA Mr. Jones holds a Master of Public Administration and has completed the course work for the PHD in Management and Policy. Shannon is a native of Nashville and in his few spare moments enjoys traveling, reading and painting.

Heather Joseph, MPH; Health Scientist
Title of Presentation: **Learning: An Essential Function for Improving Health Disparities**

Heather Joseph is a health scientist at the Centers for Disease Control and Prevention (CDC) in the Division of Tuberculosis Elimination, where she has been employed for the past 4 years. She was a co-principal investigator on the study which she is presenting today. Heather has a Master's degree in Public Health and a Bachelor's Degree in anthropology.

Ann Kenny, Project Director
Title of Presentation: **Video and Web-Based Training for Cultural Competent Care**

Ann Kenny serves as a Program Manager for the Health Solutions Business Unit of Science Applications International Corporation, an international health and technology firm. She is the Project Director for the Cultural Competency Curriculum Modules project, funded by the Office of Minority Health, and has provided leadership in all aspects of this project since its inception. Her distinguished career includes 21 years with the U.S. Military where she managed a diverse range of public health programs at community and national levels. She is the recipient of numerous awards and honors, to include the Distinguished Service Medal and induction into the prestigious Military Order of Medical Merit.

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Kent Key, Instructional Staff Support
Title of Presentation: **Educational Pipeline for Under-represented and Underserved Populations**

Mr. Kent Key, Instructional Staff Support- Project EXPORT, University of Michigan Flint, and Deputy Director- Flint Odyssey House, Inc. Health Awareness Center, has an extensive backgound in community-based public health that spans over the past ten years. Mr. Key organizes and implements the education pipeline activities for EXPORT which focuses on health career promotion and reducing health disparities.

Awal D. Khan, PhD; Epidemiologist
Title of Presentation: **Tuberculosis and Minorities: Current Local Epidemiology, Research, and Program Evaluation**

Awal D. Khan has been an epidemiologist in the Division of Tuberculosis Elimination at the CDC for 9 years. He has been involved with the Tuberculosis Trials Consortium (TBTC) since its beginning, responsible for analysis of all clinical trials data.

Lisa Kimbrough, MS; Public Health Advisor
Title of Presentation: **HIV Networks and Coalitions in Communities of Color**

Lisa W. Kimbrough is a Public Health Advisor/Project Officer in the Division of HIV/AIDS Prevention, Prevention Research Branch at CDC. She has over 16 years of public health experience, all with CDC. In her current role, she provides management of the Social Networks Demonstration Project for community-based organizations conducting HIV prevention activities. Additionally, she provides leadership to a multidisciplinary team that consists of a Behavioral Scientist, Medical Officer, and Project Coordinator. Prior to this role, Ms. Kimbrough was a Public Health Advisor/Project Officer in the Prevention Programs Branch.

Ms. Kimbrough received her undergraduate and graduate training at the University of Tennessee in Knoxville, TN.

W. King, Behavioral Scientist
Title of Presentation: **Diffusing HIV Intervention Models**

Dr. King is currently a Behavioral Scientist on the Science Application Team at the Centers for Disease Control and Prevention in the Division of HIV/AIDS Prevention in the National Center for HIV, STD and TB Prevention. She currently serves as the Project Lead for Focus on Kids with ImPACT and the Real AIDS Prevention Project. Prior to her tenure at the Centers for Disease Control, Dr. King served as the Assistant Program Evaluator for the Alabama Adolescent Pregnancy Prevention Project, a federally funded multi-county school-based five-year demonstration project designed to prevent unwanted pregnancies and STDs among adolescents.

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Gus Kious, Chief Administrative Officer
Title of Presentation: **Institute: Leveraging Health Information Technology to Mitigate Minority Health Disparities**

A. Gus Kious, MD is the Chief Administrative Officer for Huron Hospital, part of the Cleveland Clinic Health System. Dr. Kious began as Senior Vice President of Medical Management for the four Hospitals comprising Meridia in 1996. Meridia joined the Cleveland Clinic Foundation and 'became the Eastern Region in 1997. In this capacity he had responsibility for Case Management, Quality Management, Accreditation, Laboratory Services, Pharmacy Services, Cardiopulmonary Services I Behavioral Medicine Services, and Chronic Disease Services for all four hospitals. After a six month temporary stint at Ashtabula County Medical Center as its Acting CEO, Dr. Kious was offered and accepted his present position at Huron Hospital in August 2004. Dr. Kious has led successful efforts to dramatically reduce ambulance diversion, improve whole house efficiency so that Huron could be mote relevant and available to the communities in which it serves. These efforts have already produced drama tic improvements in volume, services, and financial performance.

B. Kosiak, Ph.D.;
Title of Presentation: **Improving the Quality and Outcomes of Health Care Through Gender Analysis**

Beth Kosiak is Senior Social Scientist in the Center for Quality Improvement and Patient Safety (CQUIPS) at the Agency for Healthcare Research and Quality (AHRQ). She is team leader of the CAHPS project, a group which conceptualizes and directs the creation of patient experience of care surveys and quality improvement strategies based on the results of those surveys, for health plans, individual physicians and group practices, dialysis facilities, nursing homes and hospitals. In addition to this role, she also serves as the Agency's lead on implementation of the recently passed patient safety legislation, and the Agency's official liaison to the National Quality Forum, a voluntary consensus setting standard organization composed of purchasers, consumers, providers and researchers that works to set the nation's agenda on healthcare quality. She is the project officer for the Cancer Quality of Care Measures Project, a joint federal/private effort to identify a core set of cancer quality measures for quality improvement and public reporting. She co-led the production of the first edition of the congressionally-mandated National Healthcare Quality Report (NHQR), and conducts original research on quality of care policy and practice, with a special focus on the elderly population and patient centeredness.

Dr. Kosiak, who holds a Ph.D. from Princeton University, and was a Robert Wood Johnson Health Policy Scholar at Yale University.

Leighton Ku, Ph.D., MPH; Senior Fellow
Title of Presentation: **Immigrant Families and Access to Primary Care: Federal, State, and Local Solutions**

Leighton Ku is a Senior Fellow in Health Policy at the Center on Budget and Policy Priorities, where he is a nationally-recognized health policy researcher and analyst, focusing on health coverage of low-income families and children, particularly the Medicaid and State Children's Health Insurance Program (SCHIP).

Dr. Ku has authored dozens of papers on topics such as: how states finance their Medicaid and SCHIP programs during periods of fiscal stress, how cost-sharing affects low-income beneficiaries, immigrants= access to insurance and care, how coverage of low-income parents affects children, state health reforms and waivers, and on federal-state financing issues. At the Center, he works with federal agencies, Congress, and other national and state organizations to analyze and improve health coverage.

Workshop Presenters

Christopher R Larrison, PhD; Assistant Professor
Title of Presentation: **Reaching Unserved Populations with Mental Health & Health Care Services**

Christopher Larrison has over 10 years of professional and research experience with community mental health agencies. His research is focused on community based services and how these services intersect with the individuals who receive them and the policies that define them. Professor Schoppelrey has 10 years of experience in evaluating community based mental health and substance abuse services. She was an integral part of three multi-site evaluations of community mental health agencies, and has extensive expertise in hierarchical linear modeling. Professors Larrison and Schoppelrey are currently assistant professors at the University of Illinois at Urbana-Champaign School of Social Work.

Khanh Le, Patient Navigator
Title of Presentation: **Effective Intervention Outreach Strategies for Adult Health Promotion Programs**

Khanh Le is currently the patient navigator and staff research assistant of the REACHING Vietnamese Women: A community model for promoting Breast and cervical cancer screening (REACH) of the Health Is Gold, Vietnamese Community Health Promotion Project at the University of California, San Francisco.

Michael Leoz, J.D.; Senior Investigator and Special Assistant
Title of Presentation: **Overcoming Language Barriers: Promising Practices in Health Settings**

Man Chu Leung, Director, HIV Program
Title of Presentation: **Issues of Partner Violence among Racial and Ethnic Minority Women**
Title of Presentation: **Overcoming Gaps in Knowledge and Research on the Sexual and Reproductive Health of Minorities**

ManChui Leung is the Director for the HIV Program at the Asian & Pacific Islander American Health Forum (APIAHF), a national advocacy organization dedicated to promoting policy, program and research efforts to improve the health and well-being of Asian American and Pacific Islander communities. She currently directs a national program that provides capacity building assistance to community based organizations delivering HIV/AIDS services, and builds community leadership to advocate for increased health access, resources, and data.

Prior to joining APIAHF, she worked at the Chinese-American Planning Council in New York City and the Asian Society for the Intervention of AIDS in Vancouver, BC, Canada. ManChui has the pleasure to work with the vibrant and creative advocates from across the U.S. and the Pacific Island Jurisdictions who are dedicated to raising awareness about HIV/AIDS, advocating for increased health access, and building leadership in the Asian American and Pacific Islander community.

Workshop Presenters

Rod Lew, MPH; Executive Director
Title of Presentation: **Empowering Diverse Leaders**

Rod Lew has over 17 years of experience in managing diverse community and international health programs. His experience and skills include multimedia materials development, coalition and network development, community-based research and advocacy, strategic planning, program implementation, and grants development.

For the past 11 years, Rod has been the Executive Director of Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL), a national AAPI tobacco control network of more than 500 organizations.

LaVonne Lewis, Clinical Associate Professor, and Director, MHA Program
Title of Presentation: **Empowering Diverse Leaders**

LaVonna B. Lewis is a Clinical Associate Professor, and the Director of the Masters in Health Administration Program at the University of Southern California. In addition to her work on expanding the number of culturally proficient healthcare managers, Dr. Lewis is engaged in community based efforts to reduce health disparities in cardiovascular disease, diabetes, and cancer in Los Angeles.

B. Lockley, BSN, MS; Program Manager
Title of Presentation: **Patient-Centered Health Care: In Theory And In Action**

B. Lockley is the Program Manager of the African American Health program in the Office of Minority and Multicultural Health, Montgomery County MD DHHS. She was the Project Director of the African American Health Program and has a long history of directing community based programs for familes and youth in the greater metropolitan DC area. She completed her BSN from George Washington University and her MS in Maternal-Child Nursing from the University of Baltimore Maryland.

LaJuana Locklin
Title of Presentation: **Culturally Competent Organizations: Models for Comprehensive, Coordinated Care Delivery**

Eliana Loveluck, MSW; Director, Center for Consumers
Title of Presentation: **Addressing HIV/AIDS Health Disparities through Federal, State, and Local Collaborative Efforts**

Eliana Loveluck is the Director of the Center for Consumers at the National Alliance for Hispanic Health. Ms. Loveluck oversees numerous model community projects focusing on health promotion and increasing access to care for Hispanics. Ms. Loveluck received her MSW from Catholic University and has promoted improving health and human services for Hispanics and other underrepresented communities.

Monica Valdes Lupi, JD, MPH; Chief of Staff
Title of Presentation: **Health Disparities: A Blueprint for Action**

Workshop Presenters

Grace Ma, Professor of Public Health
Title of Presentation: **Communication Strategies for Eliminating Disparities**

Grace Ma is a Professor of Public Health and Director of Center for Asian Health, College of Health Professions at Temple University. Her current ATECAR-Asian Community Cancer Network, funded by NCI-NIH, focuses on smoking cessation, cancer control, chronic disease interventions and healthcare access in Asian communities. She has authored or co-authored several books and over 60 publications in peer reviewed journals and delivered over 260 professional presentations at regional, national and international conferences. Professor Ma is a nationally and internationally recognized scholar, who has received numerous distinguished awards from academic institutions, scientific associations, and government agencies including the 2005 National Institutes of Health's Martin Luther King Award in Reducing Health Disparities, the 2004 NCI-CRCHD Community Healthcare Leadership Award, and the 2001 NCI's Atlantic Region Cancer Information Service award. She also serves on National and International Advisory Committees for TB, HBV, tobacco control and other chronic disease in Asian communities.

Cassandra Malone, MPH; Consultant/Deputy Project Director
Title of Presentation: **Protecting Individuals with HIV/AIDS From Disability-Based Discrimination**

Jennifer Maloney, Director of Strategic Planning and Development
Title of Presentation: **National, Regional and Community Strategies to Increase Diversity of the Health Workforce**

M.A. Martin, MD; Assistant Professor
Title of Presentation: **Research Methods and Analytic Techniques to Eliminate Health Disparities**

Dr. Martin is a pediatrician in the Department of Preventive Medicine at Rush University Medical Center in Chicago. She uses community-based participatory research to develop culturally competent, sustainable interventions aimed at improving health for inner-city Latino families. She works primarily in the area of asthma, but she also has projects in diabetes self-management and child passenger safety.

Melinda Martin, MPH; Senior Program Coordinator
Title of Presentation: **Diabetes and Minorities: Development and Evaluation of Effect Program Curriculum and Possible Barriers**

Melinda Martin is a Senior Program Coordinator at the Association of Asian Pacific Community Health Organizations. Prior to joining AAPCHO, she worked with at-risk youth in areas including HIV and AIDS. She received her Masters in Public Health from San Francisco State University.

T.J. McDowell, Project Manager
Title of Presentation: **Translation and Interpretations in Health Care Settings, Community Planning**

T.J. McDowell is the Project Manager for the Community Health Endowment of Lincoln. He serves as the lead staff on the medical translation and interpretation project in Lincoln, Nebraska.

Kit Boesch is the Lancaster County Human Services Administrater. She staffs the New Americans Task Force that is partnering with the the Community Health Endowment of Lincoln to facilitate the medical translation and interpretation project.

Workshop Presenters

Salimah H. Meghani, RN, MSN, CRNP; Research Fellow
Title of Presentation: **Examining Contributors To Racial Variation In Clinical Procedures Leading To Disparities In Patient Outcomes Between African Americans And Whites**

Salimah. Meghani is a Post-doctoral Research Fellow at the Center for Health Disparities Research at University of Pennsylvania. Her research interest focuses on the issue of pain treatment disparities among racial/ethnic minorities. This research was supported by Philadelphia VA Center for Health Equity Research and Promotion grant, ONS Foundation/Purdue Pharma Trish Greene Research Grant, and Sigma Theta Tau International Xi Chapter Award.

Christine Merenda, Patient Navigator
Title of Presentation: **The Role of Culture and Health Literacy: Cancer Prevention and Screening**

Christine Merenda is a certified oncology nurse and a Commissioned Officer in the US Public Health Service. She is currently stationed at the Yakama Indian Health Center in Toppenish, WA, working on the NCI-funded Patient Navigation Pilot Project.

Maria Michalczyk, RN, MA; Health Care Interpreter Training Director
Title of Presentation: **Pratical and Policy Guidelines for Improving Healthcare Language Access**

Maria Michalczyk, RN, MA is the director of Portland Community College's Healthcare Interpreter Training program. She developed and ran a large interpreter service at Oregon Health Sciences University from 1992-2000. She was the major contributor and energy behind Oregon's healthcare interpreter law and she a celebration speech for Governor Kitzhaber in August 2001. Maria has served on the Board of Directors of the National Council on Interpretation in Health care since 2001 and is a co-chair at present. She is presently the chair for the Governor's Council on Healthcare Interpreting in Oregon.

Isa Miles, ScD, MS; Kellogg Community Health Scholars Postdoctoral Fellow
Title of Presentation: **Models for Addressing Behavioral Health in Minority Populations**

Isa Williams Miles is a Kellogg Community Health Scholars Postdoctoral fellow at the Johns Hopkins Bloomberg School of Public Health where she works with community organizations in Baltimore, MD on community based participatory research projects. She is also associated with the Centers for Health Disparities Solution at Johns Hopkins Scool of Public Health. She holds a ScD and a MS in Epidemiology from the Harvard School of Public Health and a BS in Mathematics from Howard University.

Workshop Presenters

Charles Modlin, MD, Director of the Minority Men's Health Center
Title of Presentation: **Institute: Leveraging Health Information Technology to Mitigate Minority Health Disparities**

Charles Modlin is a Kidney Transplant Surgeon and Urologist at the Cleveland Clinic Foundation. He was born in New Castle, Indiana and graduated in 1979 from New Castle Chrysler High School. In 1983 he graduated from Northwestern University in Evanston, IL with a degree in Chemistry. He received his medical school education at Northwestern University Medical School in Chicago graduating in 1987. He then moved to New York City in 1987 where he completed a six-year residency in Surgery/ Urology at New York University in 1993. He then went to The Cleveland Clinic Foundation in 1993 where he completed a three-year fellowship in basic science transplant immunology and clinical renovascular and renal transplantation surgery. In 1996 he joined the Staff of the Cleveland Clinic Foundation's Urological Institute with a joint staff appointment within the Cleveland Clinic Transplant center. Currently he serves as a kidney transplant surgeon and urologist at the Cleveland Clinic Foundation. In fact, Dr. Modlin is the only African American Urologist in the United States who is, in addition, a kidney transplant surgeon. He has also served as director of surgical renal transplantation at St. Elizabeth's Hospital in Youngstown, OH and Akron City Hospital in Akron, OH. He has authored scientific publications and presented scientific research at national meetings.

Susan Moner, MD; General Internal Medicine Physician
Title of Presentation: **Virtual Education and Training Programs meeting the needs of Hard of Hearing or Deaf and Migrant Communities**

Susan Moner is a physician in Internal Medicine at Lahey Clinic Northshore in Peabody, Massachusetts and an Associate Professor at Tufts Medical School. She practices primary care with a diverse population of patients and is interested in encouraging healthcare providers to give the best care they can for their patients.

Monique Morris, Director
Title of Presentation: **Effective and Innovative Approaches to Limited English Proficiency**

Monique W. Morris is the Director of the Discrimination Research Center. She has over 15 years of professional and volunteer experience as an advocate in the areas of education, civil rights, juvenile justice, and social justice. From 1998-2003, she led a number of research and advocacy campaigns to address racial and gender disparities in the criminal justice system. She is a nationally recognized expert who is often called as a resource for the media, professional associations, as well as civil rights and social justice organizations. She is also the author of *Too Beautiful for Words* (Amistad Press, 2001) and several other publications addressing race, gender, and culture.

Ernest Moy, MD, MPH; Senior Research Scientist
Title of Presentation: **Improving the Quality and Outcomes of Health Care Through Gender Analysis**

Ernest Mo is a Senior Service Fellow in the Center for Quality Improvement and Patient Safety at the Agency for Healthcare Research and Quality (AHRQ). At AHRQ, his work has included directing the development of the annual National Healthcare Disparities Report and National Healthcare Quality Report and supporting AHRQ's Excellence Centers for the Elimination of Ethnic/Racial Disparities. Prior to joining AHRQ, Dr. Moy was Director of Research and Assistant Vice President of the Center for the Assessment and Management of Change in Academic Medicine at the Association of American Medical Colleges where he conducted research on the missions of academic medical centers and developed benchmarking tools to help these institutions improve performance.

Workshop Presenters

Gina Musolino, PT, EdD; Director of Clinical Education & Assistant Professor
Title of Presentation: **Strengthening Efforts to Eliminate Health Disparities Through Evaluation**

Gina Maria Musolino is Director of Clinical Education and Assistant Professor, The University of Utah, Division of Physical Therapy. She received her BS in PT, Washington University School of Medicine Program in PT; MSEd, Southwest Baptist University; EdD Fischler Graduate School, Prorgrams for Higher Education, Nova Southeastern University with specialization in Healthcare Education, Curriculum Design, Development and Evaluation. She is Chairperson, APTA Annual Conference Programming Committee. She is recipient of the Outstanding Research Award for her dissertation. Recent honors include: The Feitelburg Journal Founder's Award, Journal of Physical Therapy Education; Faculty Fellowships, The University of Utah, Technology Assistance Curriculum Center; Utah System of Higher Education, Award of Merit in Technology Delivered Instruction for Exemplary Faculty Use of Technology.

Nidhi Nakra, Research Analyst III
Title of Presentation: **Vaccination Coverage by Special Health Care Needs Status in Young Children**

Nidhi Nakra is a Research Analyst with the Los Angeles County Immunization Program, where she coordinates multiple interventions that aim to increase immunization coverage rates among African American children. She previously coordinated the Health Rescue Project, a home-based visitation and outreach program. She has extensive experience as a researcher and policy analyst for the Perinatal Advisory Council (PAC/LAC), Insure the Uninsured Project, and UCLA Center for Healthier Children, Families, and Communities. Her professional interests include access to health care for the uninsured and reducing health disparities across populations.

Amanda Navarro, MPH; Contractor/Health Care Analyst
Title of Presentation: **Cardiovascular Disease in Minorites: Characteristics and Improvement in Data Collection**

Amanda Navarro received her MPH in Health Services and Health Law from Boston University in 2002. She is currently a Doctoral Candidate in the DrPH program at the University of Texas School of Public Health-Houston and is working as a Health Care Analyst at the Centers for Disease Control and Prevention. She has previously worked with the Covering Kids and Families Access Initiative in Houston, Texas, as well as with the Institute on Urban Health Research at Northeastern University. She has published on women's sexual health, HIV prevention among Hispanic women, Hispanic drug abuse research, and a policy agenda on eliminating racial and ethnic health disparities. Her current areas of research include the impact of policies on the elimination of racial and ethnic disparities in health, community-based participatory research, and on the translation of research into policy.

Workshop Presenters

Angela Neal-Barnett, Ph.D.; Associate Professor
Title of Presentation: **Eliminating Disparities in Mental Health**

Angela M. Neal-Barnett is an Associate Professor of Psychology at Kent State University in Ohio and an award-winning, nationally recognized expert in the area of anxiety disorders among African Americans. Professor Neal-Barnett's work focuses on fears and social anxiety in African American children, as well as panic disorder and worry in African American adults. She is the recipient of grants from NSF, NIMH,The Ohio Board of Regents, The Ohio Commission on Minority Health, and the National Institutes of Health Biomedical Research Program. She is the author of numerous journal articles and book chapters on African Americans and anxiety disorders. In addition she is the author of the best-selling book *Soothe Your Nerves: The Black Woman's Guide to Understanding and Overcoming Anxiety Panic and Fear* (Fireside/Simon & Schuster). *Soothe Your Nerves* translates her research findings into practical knowledge for the practitioner and the general public.

Shelly "Tara" Nelson
Title of Presentation: **Training Physicians and other Health Care Providers in Cultural Competency**

Ms. Nelson has over twenty-five years experience in the healthcare field. As a registered nurse, she has clinical experience in hospital-based medical services and extensive experience in working with other medical providers to develop criteria for assessing the appropriateness of medical care. She has worked for more than fifteen years in health policy and health economics research in the areas of health financing, quality of care, access to care, and analysis of public programs. More recently, Ms. Nelson has been working with and is now the Director of Research for Cook Ross, Inc. on projects to assist healthcare organizations in managing a multicultural workforce and on other areas related to diversity/cultural competency in health services delivery. Ms. Nelson is professor of women's health studies at Georgetown University where she and students explore issues related to the social construction of illness and caring for patients from diverse backgrounds. She holds a Masters in Health Services Administration from George Washington University and a B.S. in Nursing from Boston University.

Thoa Nguyen, Project Director
Title of Presentation: **Community-Based Approaches for Cancer Prevention**

Thoa Nguyen is currently the Project Director of the REACHING Vietnamese Women: A community model for promoting cervical cancer screening (REACH), and Community Coordinator of the Asian American Network for Cancer Awareness Research & Training (AANCART) of the Health Is Gold Vietnamese Community Health Promotion Project at the University of California, San Francisco.

She has over 30 years experience in the health field. Throughout out her career, she has promoted issues of access, service, and equity to health care for under-represented Asian Americans and Pacific Islanders in the United States. She has founded and co-founded several community-based organizations. She serves as an advisory member, a steering committee member, and a board member for multiple non-profit organizations, State government foundation. She has received national and local awards for her work in the community.

Workshop Presenters

Ana Novais, Lead, Center for Healthy People
Title of Presentation: **State Collaborative to Eliminate Health Disparities**

Ana Novais is the Lead for the Center for Healthy People and the Chief of the Office of Minority Health at the Rhode Island Department of Health. Ms. Novais supervises the Minority Health, Refugee Health, Worksite Wellness, and Healthy People 2010 programs at the Department. Among the numerous initiatives under her guidance, Ms. Novais is leading the efforts around disparities elimination at the R.I. Department of Health.

Stella Nowicki, Scientific Director
Title of Presentation: **Diagnostic and Therapeutic Approaches to Eliminating Health Disparities in the Genome Era**

Dr. Stella Nowicki is the newly appointed Scientific Director of the Center for Women's Health Research at Meharry Medical College. Her research interests are in multidisplinary molecular and translational research may decrease racial disparities in women's health.

Annabelle Nunez, MA; Arizona Hispanic Center of Excellence Services Librarian
Title of Presentation: **Enhancing the Access of Racial and Ethnic Health Information via the Internet**

Annabelle Nunez earned her MA in Library Science from the University of Arizona School of Information Resources and Library Science. She has a unique opportunity to work with and for the Hispanic community. She will draw on her experience as a community advocate and project manager to further library's goals in expanding information services on and about Hispanic health. She looks forward to serving not only university affiliates, but the community at large.

Kathleen O'Connor, Survey Statistician
Title of Presentation: **Vaccination Coverage by Special Health Care Needs Status in Young Children**

Kathleen O'Connor is a Survey Statistician at the National Center for Health Statistics, Centers for Disease Control and Prevention. She has played an integral role in the development and refinement of various survey instruments and survey design elements used for modules of the State and Local Area Integrated Telephone Survey (SLAITS) mechanism. Her research interests include survey methodology, and family, child, and adolescent health issues.

Folakemi T. Odedina, PhD BSc; Professor & Director
Title of Presentation: **Best Practices in Cultural Competence Education**

Folakemi Odedina is Professor & Director at Florida A&M University. She is also the Director of the FAMU Center for Minority Prostate Cancer Training & Research and member of the H. Lee Moffitt Cancer Center. Her research interest is health promotion and disease prevention in African American men. She is currently working on a research program to develop a comprehensive intervention to eliminate prostate cancer disparities experienced by African American men.

Professor Odedina's research traverses across the world with an international consortium group in Africa, Europe and the U.S. She is well funded, well published and has received numerous awards for her work. One of her awards, the 2005 Role Model Award Citation, acknowledges her exemplary work in training minority researchers. She serves on several national and state initiatives for cancer. One of her community outreach program is a TV program, CancerLink, for public education on cancer issues.

Workshop Presenters

Kristin Peterson Oehlke
Title of Presentation: **Diagnostic and Therapeutic Approaches to Eliminating Health Disparities in the Genome Era.**

Claudia Ortiz, MPH; CO - ORISE fellow
Title of Presentation: **Prevention: Using Culturally Appropriate Community Health Education Interventions**

Claudia Ortiz joined the Early Hearing Detection and Intervention (EHDI) Team at the Centers for Disease Control and Prevention (CDC) National Center on Birth Defects and Developmental Disabilities (NCBDDD) in 2004. In this position she has developed materials and programs to help educate minorities and expand a public health initiative within hard-to-reach populations by producing educational materials in Spanish, disseminating critical information and creating partnerships at both state and national level. Prior to her employment at the CDC, she created, supervised and evaluated oral health prevention programs for rural communities in her home country of Colombia. She received her degree in Dentistry from Autonoma University of Manizales, Colombia in 1996 and a Master's degree in Public Health from Mercer University in 2004.

Guadalupe Pacheco, MPH; Special Assistant to the Director
Title of Presentation: **Providing Culturally Proficient Health Literacy Services: Practice Perspectives from the Health Resources and Services Administration (HRSA)**

Guadalupe Pacheco serves as a Public Health Advisor and Special Assistant to the Deputy Assistant Secretary for Minority Health at the U.S. Department of Health and Human Services and manages the agency's cultural competency activities through the Office of Minority Health's Center for Linguistic and Cultural Competence in Health Care. He serves on the board of directors of the Mary's Center for Maternal and Child Care, Inc., the advisory committee of the National Center on Cultural Competence, the advisory committee of the National Hispanic Medical Association's Resident Leadership Program, the Advisory Committee of Robert Wood Johnson Foundation's Hablamos Juntos: Improving Patient Provider Communication for Latinos Program initiative, the NCQA CLAS/Health Disparities Expert Panel, the JCAHO Technical Advisory Panel for Hospitals, Language, and Culture: A Snapshot of the Nation, and is a member of the American Diabetes Association's Latino Diabetes Action Council.

Sela Panapasa, PhD; Research Investigator
Title of Presentation: **Identifying Challenges and Exploring Opportunities for Improved Data: Urban American Indians, Alaska Natives, Asians and Pacific Islanders**

Sela Panapasa is a research investigator with the Survey Research Center program on Social Environment & Health at the University of Michigan Institute for Social Research (ISR). She is a sociologist and a trained demographer. Her research interests have focused on minority health issues with an emphasis on older adults and family well being. She is particularly interested in health disparities among Pacific Islanders in the US and Island Territories. She is a native Pacific Islander and has worked with several Pacific Island nations, advising and evaluating censuses and national surveys. She has worked collaboratively with Dr. James McNally on a number of issues related to Pacific Island demography and health. She is currently working with Professor David Williams at the University of Michigan to develop a comprehensive set of national indicators on health, morbidity and mortality for Native Hawaiian Other Pacific Islander populations in the United States.

Workshop Presenters

Shandowyn Parker, PhD; Assistant Professor
Title of Presentation: **Communities, Culture and Data Collection: Strategies for Enhancing Racial and Ethnic Data**

Shandowyn Parker is currently a co-investigator on the University of Michigan-Flint's Project EXPORT grant focused on reducing health disparities in HIV/AIDS and diabetes. She is an assistant professor in the Department of Health Sciences and Administration at UM-Flint where she teaches courses in health education.

S.N. Patel, MPH; Consultant/Researcher
Title of Presentation: **Cardiovascular Disease in Minorites: Characteristics and Improvement in Data Collection**

S.N. Patel is a Consultant with the Asian & Pacific Islander American Health Forum. She is also a Researcher with the University of North Carolina at Chapel Hill, Department of Medicine. She is committed to addressing and reducing health disparities among racial and ethnic communities in the United States. Her research interests include cardiovascular disease, HIV and substance abuse. She holds a Master's degree in Public Health from Boston University.

Luella J. Penserga, MPH; Project Director,
Title of Presentation: **Overcoming Language Barriers: Promising Practices in Health Settings**

Luella J. Penserga has more than 10 years of experience in public health, coalition-building, and the health issues of immigrant communities. She is currently a project director at the Alameda Health Consortium, an association of 8 member community health centers in Alameda County, California. She directs the W.K. Kellogg-funded Community Voices Project, a collaborative project of Asian Health Services and La Clinica de La Raza, two community health centers located in Oakland, California. Previously, she worked at the Asian and Pacific Islander American Health Forum (APIAHF) as a Project Coordinator on tobacco, women's health and cancer issues. She has a Masters in Public Health from the University of California, Los Angeles, and is a graduate of Oberlin College.

Elsa Portilla
Title of Presentation: **Expanding Access to Preventive Screenings for Underserved Women**

Cynthia Prather, PhD; Behavioral Scientist
Title of Presentation: **Diffusing HIV Intervention Models**

Cynthia Prather is a Behavioral Scientist at the Centers for Disease Control and Prevention in the Division of HIV/AIDS Prevention, National Center for HIV, STD and TB Prevention. In her current position, she oversees a project to disseminate HIV Prevention Interventions designed for African American and other women to organizations providing HIV prevention services. She has worked in the area of HIV prevention for 16 years.

Workshop Presenters

J.C. Pressley, Assistant Professor, Epidemiology and Health Policy and Management
Title of Presentation: **Improving Health Outcomes for Racial and Ethnic Minority Seniors**

J.C. Pressley is an Assistant Professor of Epidemiology and Health Policy and Management at the Mailman School of Public Health at Columbia University. She is PI of the Injury Research Core of the Center for the Health of Urban Minorities EXPORT grant investigating disparities in injury, injury-related disability, and access to prevention and rehabilitation. She has research experience in trauma and chronic diseases associated with injury, including Parkinson's disease, dementia, cardiac arrhythmias, syncope, and frailty in geriatric populations. She is Director of Health Policy and Population Studies for the Injury Free Coalition and Director of the Harlem Seniors Injury Prevention Program.

Jan Probst, PhD; Director
Title of Presentation: **Eliminating Disparities in Mental Health**

Jan Probst is an Associate Professor in the Department of Health Services Policy and Management, Arnold School of Public Health, and Director of the South Carolina Rural Health Research Center. The Center is one of eight centers across the nation funded by the Office of Rural Health Policy within the US DHHS. It is the only such center having as its focus issues affecting rural poor and minority populations. Professor Probst has taught at the University of South Carolina since 1993. She received her undergraduate training at Duke University and her graduate training at Purdue University, Lafayette IN, and at the University of South Carolina.

Alvin Rafelito, BS; Director of Administration
Title of Presentation: **Improving Health Outcomes for Racial and Ethnic Minority Seniors**

Alvin Rafelito joined the National Indian Council on Aging in May 2005 and serves as the Director of Administration. He oversees the organization's diabetes awareness project from the Administration on Aging and the National Tribal Technical Resource Center on Long Term Care. He is a member of the Navajo (Diné) Nation from the clans of Meadow People and Salt Water People. Prior to joining NICOA, he served as the Assistant Clinic Administrator for his Tribe at the Pine Hill Health Center in Pine Hill, New Mexico. He brings in-depth knowledge of Medicare, Medicaid and community health practices to the organization.

R. Ramos, MPH; Technical Director
Title of Presentation: **Research Methods and Analytic Techniques to Eliminate Health Disparities**

R. Ramos' formal education includes a Masters in Public Health, University of North Carolina at Chapel Hill, as well as graduate studies in Ethnohistory, at the National Institute of Anthropology and History, Mexico City and in Social Anthropology, Universidad Ibero-Americana, Mexico City. She has been the Technical Director of the U.S. Mexico Border Health Association responsible for all technical cooperation activities since 1992. During her tenure as Technical Director of the USMBHA, she has been an innovator in public health working in the areas of substance abuse, HIV, TB and diabetes. Under her technical leadership the USMBHA has achieved success in building organizational and institutional capacity among community based organizations in the United States and Mexico. Her efforts have resulted in publications such as: Ramos R.L. and JB Ferreira Pinto (2002); Successful Capacity Building for Community Based Organizations; AIDS Education and Prevention.

Workshop Presenters

Katrina Ramsey, Project Coordinator, Northwest Tribal Cancer Navigator Program
Title of Presentation: **Community Involvement in Racial and Ethnic Disparities in Cancer**

Katrina Ramsey has worked on a number of data-intensive projects at the Northwest Portland Area Indian Health Board, including the Northwest Tribal Cancer Navigator Project. She will receive her Master of Public Health from Oregon Health & Science University later this year.

Joan Reede, MD; Dean
Title of Presentation: **Educational Pipeline for Under-represented and Underserved Populations**

Joan Reede, dean for Diversity and Community Partnership, Harvard Medical School (HMS), is responsible for the development and management of a comprehensive program that provides leadership, guidance and support to promote increased recruitment, retention and advancement of underrepresented minority faculty at HMS. This charge includes oversight of HMS student, trainee, faculty and staff diversity activities. As director of the Minority Faculty Development Program and faculty director of Community Outreach Programs, she has created pipeline programs targeting science education, research training and leadership development for students from middle and high school through college, medical/dental students, post-doctoral and faculty levels.

Dr. Reede has served on the DHHS Advisory Committees on Minority Health and Genetics, Health and Society and currently serves on the Advisory Committee to the Director of NIH. She was a member of the Sullivan Commission and the recipient of the Herbert Nickens Awards from both the SGIM and AAMC.

Mario Rico, MD; Researcher
Title of Presentation: **Diagnostic and Therapeutic Approaches to Eliminating Health Disparities in the Genome Era**

Mario C. Rico is a medical doctor from Colombia, South America who began his career as a researcher in Temple University School of Medicine in Philadelphia in 1998. He did his Post doctoral Fellowship in the Department of Anatomy and Cell Biology at Temple and recently joint the Center of Excellence for Health Disparities Research and Training under the direction of Dr. Raul DeLa Cadena.

Lynn Roberts, PhD; Assistant Professor
Title of Presentation: **Innovative Approaches to Addressing Dating Violence Againt Adolescent Women**

Lynn Roberts is an Assistant Professor in Community Health Education in the Urban Public Health Program at Hunter College of the City University of New York. Professor Roberts earned her doctorate in Human Service Studies from Cornell University in 1991 and her bachelor's degree in Human Development from Howard University in 1984. She has previously served as the Director of Community Projects & Training with the Hunter College Center on AIDS, Drugs and Community Health and was the founding Director of the Visiting Nurse Service of New York's First Steps Program, a comprehensive intervention program for substance using mothers and their families in Harlem. Her current research interests include an examination of the intersection of race, class and gender and the resulting impact of multiple oppressions on the dating relationships and sexual risk taking behaviors of young women and men of color.

Workshop Presenters

Jose Rodriguez-Diaz, MD; President
Title of Presentation: **Using the Federal Standards for Culturally and Linguistically Appropriate Services (CLAS) to Improve the Health Status of Minority Populations**

Jose Rodriguez-Diaz is a dedicated community leader and mentor in the Latino community and an active member of the National Hispanic Medical Association, Interamerican College of Physicians and Surgeons, Association of Medical Schools of New York, International Association of Physicians in AIDS Care and the National HIV Academy. Dr. Rodriguez-Diaz is the recipient of several community awards and honors.

Yolanda Rodriguez-Escobar, Executive Director
Title of Presentation: **HIV Among Immigrant and Refugee Communities**

Yolanda Rodriguez-Escobar is the Founder and Executive Director of Mujeres Unidas Contra el Sida in San Antonio, TX. She is a social worker who provided services to individuals living with HIV/AIDS for over 18 years. She is a PhD candidate at the University of Texas School of Social Work in Austin.

Steve Roussons, PhD; Public Health Scientist
Title of Presentation: **Limited English Proficiency and Access to Health Care**
Title of Presentation: **Using the Federal Standards for Culturally and Linguistically Appropriate Services (CLAS) to Improve the Health Status of Minority Populations**
Title of Presentation: **Translation and Interpretations in Health Care Settings, Community Planning**

Steve Roussos is a public health scientist with specialty training in behavioral psychology and preventive medicine. He works with scientists and practitioners from various disciplines to provide research and evaluation services, training, and educational activities to organizations throughout the U.S. He serves as consultant and direct research provider for programs and initiatives funded by university, governmental, and philanthropic organizations. He currently leads several research studies in the area of cultural and linguistic disparities in preventive services, and in cultural competency training in healthcare.

Dianne Rucinski, Director
Title of Presentation: **Prevention: Using Culturally Appropriate Community Health Education Interventions**

Dianne Rucinski is director of the Naomi Morris Collaborative at the University of Illinois-Chicago. Her research involves evaluating programs designed to reduce and eliminate health disparities in adult and child immunization, breast, colon, and prostate cancers, health insurance access and health care services utilization.

Beverley Russell, Director of Health Professions Education
Title of Presentation: **Ethnic and Racial Disparities in Asthma**

Beverley Russell is the Director of Health Education at CCHERS, Inc. She is a public health nurse with extensive experience with underserved populations, having served as an administrator of the public health nursing program for the Boston Department of Health and Hospitals and also served on several of the community health centers in the city. She has more than twenty years experience in public health and community nursing in the neighborhoods of Boston and provided training for health professionals, students and community residents on various topics related to public/community health, primary care, and chronic diseases. She has expertise in qualitative research methods, particularly focus groups and interviews, and has developed and implemented focus groups with community residents and health center providers on such topics as lupus, asthma and diabetes.

Workshop Presenters

Susan Russell, Public Health Advisor
Title of Presentation: **Addressing the Health Needs of Women of Color with Disabilities**

Susan Russell is a Public Health Advisor in the U.S. Department of Health and Human Services' Office on Women's Health (OWH) and has lead responsibility for coordinating and implementing the National Lupus Education and Awareness Campaign and coordinating the National Faith-Based and National Community Cardiovascular Disease Prevention Programs for High-Risk Racial and Ethnic Minority Women.

Presently, she is on a 90-day rotational assignment from OWH to the Office on Disability. The goal of this rotational assignment is to gain information and knowledge and to transfer that knowledge into programmatic planning to increase the quality of life for all women and to assist in eliminating disparities in women's health through education and awareness programs.

She received her BS in Business Management from National Louis University in 1994 and her MSA in Public and Community Health from Trinity University in 2005.

Anthony Salandy, Associate Research Scientist
Title of Presentation: **Multi-Media Health Promotion Programs in HIV and Incarcerated Populations**

Anthony Salandy is an Associate Research Scientist at the Center on Drug and Alcohol Studies at the University of Delaware. He is currently working on the National Institutes on Drug Abuse funded Criminal Justice Drug Abuse Treatment Studies to develop novel HIV/Hepatitis prevention interventions. He has worked for NIDA at the Center on AIDS and Other Medical Consequences on Drug Abuse. In addition, he has worked on the Hill for Representative Charles Rangel managing the Congressman's HIV/AIDS and substance abuse portfolio.

Diane Salas, BA, MPA; Chief Researcher
Title of Presentation: **Analyzing Barriers to Access to Medical Care for HIV-Positive African-American and Latina Women**

Diana Salas, Chief Researcher for the Network, received a BA from Queens College and MPA from NYU Wagner. She was a graduate research assistant for the Network. Previously, she worked at NY ACORN (Association of Communities Organizations for Reform Now) and on various political and social justice campaigns.

D.P. Sandler
Title of Presentation: **Participatory Reseach in Cancer Prevention**

Dr. Sandler is Chief of the Epidemiology Branch of the National Institute of Environmental Health Sciences. She is Principal Investigator of The Sister Study, as well as studies of health effects associated with agricultural exposures, smoking, and radon. In addition to studies of breast cancer, Dr. Sandler has studied leukemia and chronic kidney disease.

Workshop Presenters

Alberto Santana, MS; State-wide Latino HIV/AIDS Coordinator
Title of Presentation: **Addressing HIV/AIDS Health Disparities through Federal, State, and Local Collaborative Efforts**

Alberto M. Santana is the HIV Prevention Community Planner for Miami-Dade County Health Department Office of HIV/AIDS and Florida's Bureau of HIV/AIDS Statewide Latino HIV/AIDS coordinator. He was a former Senior HIV Prevention Program Manager at the National Alliance for State and Territorial AIDS Directors (NASTAD) in Washington DC. At NASTAD, he managed HIV prevention and access to care projects for communities of color, coordinated domestic peer technical assistance to state and local health departments and HIV community planning groups on HIV prevention and care issues and worked on domestic HIV prevention policy issues. Born and raised in New York City, he is an innovative leader with diverse experiences in program and policy development. In New York, he worked in several communities based setting addressing HIV prevention and care issues and the needs of homelessness families and adolescents. As a community activist, he also worked on various economic, political and community development projects in New York's Puerto Rican/Latino community. He has a bachelor degree in Human Services from Audrey Cohen College and a Master of Science in Urban Policy and Management from the New School for Social Research in New York City.

Anna Satcher, MPH; Epidemiologist
Title of Presentation: **Research Methods and Analytic Techniques to Eliminate Health Disparities**

Anna Satcher is currently an epidemiologist in the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention. Before starting at CDC, she worked on the state level as an HIV Epidemiologist in the HIV Surveillance Section of the Michigan Department of Community Health. She holds a Masters degree in Public Health, Epidemiology, from the University of Alabama at Birmingham and a Bachelors of Science from the University of Georgia. As a member of the Research and Dissemination Team at CDC, she spends the bulk of her time developing the annual national HIV/AIDS surveillance report and surveillance supplemental reports.

Harvey A. Schwartz, Ph.D.; Senior Advisor on Priority Populations
Title of Presentation: **Improving the Quality and Outcomes of Health Care Through Gender Analysis**

Harvey A. Schwartz is Senior Advisor for Priority Populations in the Office of Extramural Research, Education, and Priority Populations, Agency for Healthcare Research and Quality (AHRQ). He works with other Agency Senior Advisors to document accomplishments of funded Agency projects focused on priority populations and disseminating these accomplishments; collaborating with intramural researchers on projects focused on priority populations; and conducting outreach efforts to enhance the success of minority and minority serving institution in conducting and disseminating research on health care disparities. He is the Chair, Changing Practices, Changing Lives: Assessing the Impacts of the HRSA Health Disparities Collaboratives Oversight Committee. Prior to his service as Senior Advisor for Priority Populations, he had a Federal career contributing in various positions at AHRQ, including serving as the Agency Evaluation Officer and Deputy Director of the past Center for Information Technology. Prior to coming to AHRQ, he was a consultant at Applied Management Sciences, Inc. and Decision Resources, Inc. in the areas of vulnerable populations, educational outcomes, and performance measurement. He taught statistics as an Assistant Professor and Special Assistant to the Dean of Graduate Studies and Research at the University of Maryland and was an Associate Fellow in a National Science Foundation-sponsored program. Prior to his fellowship, he was an adjunct Assistant Professor in Economics at New York University and Rutgers University and an adjunct Lecturer in Statistics at Columbia University. He attended Columbia University where he received a PhD in economics, an MS in statistics, an MBA. in business economics and public policy and a BA in economics with a minor in mathematics.

Workshop Presenters

Robin Shrestha-Kuwahara, MPH; Behavioral Scientist
Title of Presentation: **Controlling Infectious Diseases in High-Risk Populations**

Robin Kuwahara is a behavioral scientist at the Centers for Disease Control and Prevention (CDC) in the Division of Tuberculosis Elimination, where she has been employed for the past nine years. She was a co-principal investigator on the study which she is presenting today. She has a Master's degree in Public Health and a Bachelor's Degree in anthropology.

Jeanne Sinkford, DDS, MS, PhD; Educator, Administrator, Researcher, and Clinician
Title of Presentation: **Improving Oral Health Among communities of Color**

Jeanne C. Sinkford, D.D.S., M.S., Ph.D. is a nationally and internationally renowned dental educator, administrator, researcher and clinician. She finished first in the dental class of 1958 at Howard University before pursuing graduate study at Northwestern University where she received her M.S. (1962) and Ph.D. (1963). She completed a Pedodontic Residency at Children's Hospital National Medical Center in 1975. Dr. Sinkford became the first female dean of a dental school in the U.S. in 1975.

She has served on numerous committees and advisory councils of national significance including: the National Advisory Dental Research Council; Advisory Council, National Institutes of Health; Governing Board of the American Society for Geriatric Dentistry; Advisory Board, and Robert Wood Johnson Health Policy Program. Dr. Sinkford has more than 90 articles published in journals and has written an instructional manual for Crown and Bridge Prosthodontics.

She has received Alumni Achievement Awards from Northwestern University and Howard University and numerous other Citations for Exceptional Professional Achievement from many organizations. Dr. Sinkford was selected as an Outstanding Leader in Dentistry by the International College of Dentists. She is the first woman to be so honored.

Alicia Siston, Epidemiologist III
Title of Presentation: **Effective Intervention Outreach Strategies for Adult Health Promotion Programs**

Alicia Siston is an epidemiologist with the Chicago Department of Public Health's Immunization Program. She is also a doctoral candidate in the Maternal and Child Health Epidemiology Program at the University of Illinois at Chicago School of Public Health. Prior to coming to the Chicago Department of Public Health, she worked as a research analyst in the Division of Health Policy Research at the American Academy of Pediatrics.

Yolanda Annette Slaughter, DDS, MPH; Assistant Professor
Title of Presentation: **Improving Oral Health Among communities of Color**

Yolanda Slaughter is Assistant Professor and Course Director for geriatric dentistry at the University of Pennsylvania School of Dental Medicine. She is a graduate of Meharry Medical College School of Dentistry in Nashville,Tennessee. She completed post-graduate general dentistry training at the University of Rochester Eastman Dental Center, a geriatric medicine fellowship at the University of Connecticut Travelers Center on Aging and a masters in public health at the University of Michigan. Dr. Slaughter was the first dentist to receive the prestigous Brookdale National Fellowship, a national endowment that funds aging research. She was featured in Aetna's 2004 Calendar of African American History recognizing oral health care professionals as Miss September. Her research is focused towards community-based oral health promotion interventions targeted to vulnerable elder populations.

Workshop Presenters

Napua Spock, MA; Research Assistant
Title of Presentation: **National, Regional and Community Strategies to Increase Diversity of the Health Workforce**

Napua Spock has been working with the Native Hawaiian population since college. Her work includes teaching Hawaii Studies at Maui Community College and working at the Native Hawaiian Healthcare System on Maui as a community health coordinator. She has been working to develop the Community Health Worker Certificate program since 2002. She has a Masters of Pacific Island Studies from University of Hawaii and a Bachelors in History.

M.L. Steinberg, Investigator
Title of Presentation: **Establishing Lay Patient Navigator Programs in Minority Communities**

M. L. Steinberg is the principle investigator for the Urban Latino African American Cancer Disparities Project, a U-56 grant funded through the Cancer Disparites Research Partnership of the National Cancer Institute. He is the Chair of Health Policy and member of the Board of the American Society of Therapeutic Radiology and Oncology.

Hal Strelnick, MD; Professor, Family & Social Medicine
Title of Presentation: **Ethnic and Racial Disparities in Asthma**

Hal Strelnick is Professor of Family & Social Medicine at the Albert Einstein College of Medicine and Director of the Institute for Community & Collaborative Health and Hispanic Center of Excellence. Dr. Strelnick is Principal Investigator of the Bronx Center to Reduce & Eliminate Ethnic & Racial Health Disparities and South Bronx Environmental Justice Partnership, NIH grants which partially supported this research.

Eric Sue, BS; Special Projects Coordinator
Title of Presentation: **Community-Based Approaches for Cancer Prevention**

Eric graduated from Stanford University in June 2004 with a BS in Biological Sciences. Directly after college, he began working full-time as the Outreach Coordinator at the Asian Liver Center (ALC) at Stanford. Eric's primary objective was to spearhead education outreach and advocacy efforts in the areas of hepatitis B and liver cancer prevention and control. Managing a group of ten undergraduate interns, he learned how to develop and coordinate both small and large-scale outreach events/programs over the course of the year.

Eric recently spent three months this summer in China observing and evaluating an ALC program that aimed to vaccinate 100,000 students against hepatitis B. Upon his return, Eric took on a new position at the ALC as the Special Projects Coordinator, focusing more in the areas of development and grant writing, donor relations, HBV and liver cancer clinical research, and international outreach and education. Eric hopes to enter medical school this coming Fall 2006.

Workshop Presenters

Angela Sun, Director
Title of Presentation: **Establishing Lay Patient Navigator Programs in Minority Communities**

Angela Sun has been serving the Chinese community for more than 15 years and has devoted her career to improving access to quality healthcare for the San Francisco Bay Area's Chinese community by creating the programs and services offered by the Chinese Community Health Resource Center in San Francisco. She is the director of CCHRC. Under her guidance, CCHRC has developed and implemented numerous bilingual programs geared toward improving the health of her community.

She was recognized by and received an award from the National Office of the American Cancer Society for her innovative cancer support group - I Can Cope, for the Chinese community. She has also received special recognition from the National Youth Leadership Forum, and was granted the Community Leadership Award by the American Health Plan Association in 2000.

Ann Surapruik, Civil Rights Analyst
Title of Presentation: **Overcoming Language Barriers: Promising Practices in Health Settings**
Title of Presentation: **Providing Culturally Proficient Health Literacy Services: Practice Perspectives from the Health Resources and Services Administration (HRSA)**

Ann Surapruik analyzes federal and state policies for civil rights implications in health and human services settings. She is responsible for research and technical assistance on language access, immigrant access, Medicaid, SCHIP, and TANF; develop materials for investigators, recipients, and consumers. Recently these include an award-winning video on language access and a report on disability/screening policies in state TANF programs. She conducts trainings on immigrant access issues such as language, privacy, public benefits eligibility, public charge, and benefits for battered immigrant women and develops outreach strategies that reach African American communities about health disparities.

Mary Sutherland, Executive Director
Title of Presentation: **Faith Based Models and Initiatives to Eliminate Cardiovascular and Drug Disparities**

Mary Sutherland, Professsor, Middle and Secondary Education, Florida State University and Executive Director, HPPI has been assisting the faith community and community coalitions develop during the last twenty years. She has worked within the African-American community successfully and has assisted various communities locate over eight million dollars of programmatic funds. Presently, she is also Coordinator of the Health Education Program, Florida State University.

Trinidad Tellez, MD; Prinicple Investigator, REACH 2010 Latino Health
Title of Presentation: **Improving Diabetes Knowledge and Self Management Skills**

Trinidad Tellez and his research team have years of experience working with Latino populations and health disparities. The environment of their work, Lawrence, MA, has a population that is 60% Latino. Multiple research projects are underway with the aim of advancing knowledge to improve the health of the local community.

Workshop Presenters

Samruddi Thaker, MD; Graduate Student
Title of Presentation: **Training Physicians and other Health Care Providers in Cultural Competency**

Samruddhi Thaker is a physician from India, who recently completed her doctoral dissertation on the topic of Cultural Competence. Her research interests are access to care, quality of care, mental health, medical education and program evaluation.

K.A. Thompson, Biology Student
Title of Presentation: **Racial Disparities in Childhood Immunization Rates: Policy Implications**

K.A. Thompson is a senior biology major/chemistry minor at Xavier University of Louisiana. She is a Ronald E. McNair Scholar as well as a member of the Alpha Kappa Mu Honor Society and the Beta Beta Beta Biological Honor Society. Post graduation, she will pursue a Graduate Degree in Hospital Administration with a concentration in Health Policy and Management.

S. Tillis
Title of Presentation: **Cardiovascular Diesease Prevention in Non-Traditional Health Care Settings**

Emma Torres, Executive Director
Title of Presentation: **Cardiovascular Diesease Prevention in Non-Traditional Health Care Settings**

Emma Torres is a co-founder and Executive Director for Campesinos Sin Fronteras. She is serving a two year presidential appointment to the US/Mexico Border Health Commission. She is a nationally recognized Hispanic leader and a community advocate at the forefront of the health and social needs of the low income and farmworker residents of the border communities of Yuma County, Arizona.

Myriam Torres, PhD, MSPH; Research Assistant Professor
Title of Presentation: **Limited English Proficiency and Access to Health Care**

Myriam Torres has a PhD and a MSPH in Epidemiology from the University of South Carolina; she also holds a Master in Public Health from the Facultad Nacional de Salud Pública, Universidad de Antioquia, Medellín, Colombia, and a bachelors degree in Nursing from the Universidad Javeriana, Bogotá, Colombia. Currently, she is a Research Assistant Professor at the SC Rural Health Research Center, and Adjunct Assistant Professor, Department of Epidemiology & Biostatistics, Arnold School of Public Health, University of South Carolina where she teaches an introductory course in Epidemiology. Professor Torres is currently the chair of the South Carolina Hispanic/Latino Health Coalition and the Vice-President of the SC Chapter of the SC/SW Colombia Partners of the Americas. In addition, she is part of the Board of Directors of Acercamiento Hispano de Carolina del Sur and the Action Council for Cross-Cultural Mental Health and Human Services.

Workshop Presenters

Winston Tseng, Research Associate
Title of Presentation: **Using Enabling Services to Break Down Barriers to Access To Health care in the Asian American and Pacific Islander (AAPI) Communities**

Winston Tseng is Research Associate at the Association of Asian Pacific Community Health Organizations or AAPCHO in Oakland, California. AAPCHO is a national organization representing 19 community based organizations, predominantly community health centers, serving high concentrations of medically underserved Asian Americans and Pacific Islanders across the United States. His current research work focuses on the impact of community health center enabling services on improving Asian American and Pacific Islander health care delivery and reducing health disparities.

Carolyn Tucker, Distinguished Alumni Professor
Title of Presentation: **Patient-Centered Health Care: In Theory And In Action**

Carolyn M. Tucker is a Professor of Psychology, Professor of Pediatrics, Professor of Community Health and Family Medicine, and Distinguished Alumni Professor at the University of Florida. She is also a health care researcher focusing primarily on (a) defining and testing the effects of patient-centered culturally sensitive health care on treatment adherence and health outcomes of minority and low-income primary care patients, (b) developing provider focused and patient focused culturally sensitive health care assessment inventories, and (c) testing the effects of family health empowerment interventions on health promoting behaviors and health outcomes of family members. She currently is the Principal Investigator for a federally funded project titled Patient-Centered Culturally Sensitive Health Care. Professor Tucker was recently appointed by the Secretary of Health to be a member of the Health and Human Services Advisory Committee on Minority Health for a 3-year term.

W.U. Underwood, Assistant Professor of Urology
Title of Presentation: **Disparities in Prostate Cancer Screening and Treatment**

W.U. Underwood is an Assistant Professor of Urology at Karmanos Cancer Institute and Wayne State University School of Medicine, Detroit, MI. His research is in racial/ethnic disparities in cancer, specifically racial/ethnic disparities in the treatment of prostate cancer.

Gwenyth Wallen, Chief of Research Outcomes and Practice Development
Title of Presentation: **End Stage Renal Disease Among Racial and Ethnic Minorities**

Gwenyth Wallen is a Clinical Nurse Scientist and the Chief of the Office of Research, Outcomes, and Practice Development in the Nursing Department at the Clinical Center, National Insitutes of Health. Her clinical research specializations include health behavior, health disparities, and pain management with special emphasis on methodology and measurement in vulnerable populations.

Workshop Presenters

Emily Wang, Health Coordinator
Title of Presentation: **Identifying Challenges and Exploring Opportunities for Improved Data: Urban American Indians, Alaska Natives, Asians and Pacific Islanders**

Emily Wang is a second generation Taiwanese/Chinese originally from Southern Illinois. As the first Asian American Health Coordinator in the Minnesota Department of Health's Office of Minority and Multlicultural Health, she is charged with strengthening the health and wellness of Minnesota's racial/ethnic, cultural and tribal populations via "true partnership" with community. Her leadership with the groundbreaking Minnesota Asian Health Data Summit Series has received both national and local attention.

She is the former Assistant Director for Covering Kids, a health care access project, housed by the Children's Defense Fund-Minnesota. Prior to her work there, she conducted outreach and training on public health care coverage programs as one of the original Health Care Access Unit staff at the Minnesota Department of Human Services.

She received her Masters in Public Health in Community Health Education from the University of Minnesota and has worked with welfare-related projects at both the state and neighborhood levels.

Jim Washington, Publisher
Title of Presentation: **Communication Strategies for Eliminating Disparities**

Jim Washington is a Publisher and a former Public Relations Specialist for the American Heart Association National Center. As such he brings over 20 years of epertise to the area of communications to the ethnic minority community.

Sally Weinrich, PhD; Professor
Title of Presentation: **Disparities in Prostate Cancer Screening and Treatment**

Sally Weinrich has conducted research that focuses on health disparities for over thirty years. Her research participants have included African Americans, the medically under-served, and low-income persons. She received a BS in Nursing from the University of North Carolina (Chapel Hill) in 1969, an MS in Nursing from the University of South Carolina (Columbia) in 1980, and a PhD in Educational Research from the University of South Carolina in 1986. She is representing the African American Hereditary Prostate Cancer Network as one of the seven Investigators in this study.

Diane Weyer, RN, MS
Title of Presentation: **Protecting Individuals with HIV/AIDS From Disability-Based Discrimination**

Cedric Whitfield, Research Coordinator
Title of Presentation: **Communication Strategies for Eliminating Disparities**

Cedric Whitfield has worked on numerous clinical and behavioral research projects throughout his career in public health. His areas of interest include HIV/AIDS, substance abuse, minority and women's physical and mental health as well as health communication. He is a member of numerous public health associations. He is the author of numerous original articles which have been published in community newsletters throughout Los Angeles. He serves on numerous community advisory boards and actively participates as an advocate for more vulnerable members of society.

Workshop Presenters

Melicia Whitt-Glover, Assistant Professor
Title of Presentation: **The Role of Faith-Based Institutions in Developing Health Promotion and Disease Prevention Strategies to Improve Community Wellness**

Melicia Whitt-Glover, Assistant Professor of Public Health Sciences at the Wake Forest University School of Medicine, is part of a research partnership between the Wake Forest University School of Medicine, the Winston-Salem, NC faith-based community, and the Shaw University Divinity School. The participation of the Shaw University Divinity School is on behalf of the University of North Carolina-Shaw University Partnership for the Elimination of Health Disparities, which was funded by the National Center on Minority Health and Health Disparities.

S. Wilber
Title of Presentation: **Culturally Competent Organizations: Models for Comprehensive, Coordinated Care Delivery**

Dianah Wiley, Senior Civil Rights Analyst,
Title of Presentation: **Immigrant Families and Access to Primary Care: Federal, State, and Local Solutions**

M.P. Williams, Director, Emerging Leaders in Public Health Fellowship
Title of Presentation: **Empowering Diverse Leaders**

Marcia Wilson, Deputy Director of Expecting Success
Title of Presentation: **Learning: An Essential Function for Improving Health Disparities**

Marcia J. Wilson is the Deputy Director of Expecting Success program. She has nearly 20 years of experience in the private sector of health care working primarily with medical groups and clinics.

Rose Marie Womble, MSSW; Health Education Specialist Project Manager
Title of Presentation: **Engaging Faith-based Organizations to Address Minority Health Disparities**

Rose Marie Womble is currently a Health Education Specialist Project Manager in the Health, Safety, and Emergency Management Programs at Oak Ridge Institute for Science and Education (ORISE) in Oak Ridge, TN. She is responsible for design, development, implementation, and evaluation of specific training programs for the National Library of Medicine (NLM); conducts online training for HIV/AIDS, toxicology, and environmental health TOXNET® databases from the National Library of Medicine; and serves as project lead and supervisor for instructional design and implementation projects. She also serves as the project manager for the Consumer Health Resource Information Service Program.

Workshop Presenters

Wilbur Woodis
Title of Presentation: **Providing Culturally Proficient Health Literacy Services: Practice Perspectives from the Health Resources and Services Administration (HRSA)**

Wilbur Woodis, ({Dine'} Navajo Mud Clan and Navajo Zuni Clan) was born and raised in Shiprock, New Mexico located in the four corners area on the Navajo Reservation. He is married and has two children. The fourth born of seven sisters and four brothers, his favorite pastime is reading books of on the psychology and psychological treatment of the American Indians. He earned a Master of Arts Degree, Counseling and Family Studies, University of New Mexico.

He is currently employed with the Office of Clinical and Preventive Services (OCPS) within the Division of Behavioral Health of the Indian Health Service Headquarters East. He has many roles at this national office located just outside the Washington, DC metro area. He currently assists with the collaboration, coordination and management of behavioral health information systems, prevention and treatment improvement activities and working with other federal agencies in partnering to address American Indian/Alaska Native Behavioral Health issues. He was recently detailed to SAMHSA's CSAP for approximately two years, two days per week. He is most interested in focusing on culturally appropriate and sensitive behavioral health prevention, intervention and treatment outcomes and benefits.

Karen Wooten, Health Scientist
Title of Presentation: **Vaccination Coverage by Special Health Care Needs Status in Young Children**

Karen Wooten is a Health Scientist for the National Immunization Program at the National Centers for Disease Control and Prevention in Atlanta, GA. She has served as statistical and survey research consultant for CDC for over 25 years. Her research interests include evaluating the impact of socioeconomic (SES) factors on racial disparities in health and developing alternative SES measures for public health research. For the past seven years, she has focused primarily on disparities in immunization coverage levels among children and the elderly.

Matthew Wynia, MD; Director
Title of Presentation: **Patient Distrust & the American Healthcare System – Overcoming the Legacy of Tuskegee**

T.A. Wynn, MA, PhD; Program Manager II
Title of Presentation: **Community-Based Approaches for Cancer Prevention**

T.A. Wynn is a three-time graduate from the University of Alabama at Birmingham. She received a Bachelors of Science in Nursing, Masters of Arts in Health Education and a Doctorate of Philosophy in Health Education and Promotion. She completed three years of Postdoctoral Studies in the UAB Division of Preventive Medicine. Currently, she is a Program Manager in the UAB Division of Preventive Medicine and directs numerous community-based projects.

Workshop Presenters

Brenda Yee, CEO
Title of Presentation: **Improving Health Outcomes for Racial and Ethnic Minority Seniors**
Title of Presentation: **Patient-Centered Health Care: In Theory And In Action**

Brenda Yee is the CEO of the Chinese Hospital of San Francisco. Chinese Hospital is a private, non-profit hospital serving Chinatown for over a century. She also serves as the Chairperson of NICOS Chinese Health Coalition.

Mara Youdelman, JD, LLM; Staff Attorney
Title of Presentation: **National, State, and Local Leadership to Improve Health Care Outcomes for Minority and Limited English Proficient (LEP) Communities**
Title of Presentation: **Overcoming Language Barriers: Promising Practices in Health Settings**

Mara Youdelman has worked at the National Health Law Program (NHeLP) since August 2000 on issues including Medicaid, language access, racial and ethnic disparities, data collection, and immigrants' issues. She is co-author of NHeLP's Ensuring Linguistic Access in Health Care Settings: Legal Rights and Responsibilities and, from The Commonwealth Fund, two reports on promising practices for providing language services in health care settings. She is currently Project Director of the National Language Access Advocacy Project, funded by the California Endowment, to increase awareness of language access at the federal level. Prior to joining NHeLP, she completed a teaching fellowship at Georgetown University Law Center's Federal Legislation Clinic and two years litigating for New York City's Administration for Children's Services on child abuse and neglect cases. She earned her JD from Boston University School of Law and her LLM in Advocacy from Georgetown University Law Center.

Carlumandario Zaramo, MSc, CLsp (MB), FGUI; Research Scholar and Minority Educator, Genetics Fellow
Title of Presentation: **End Stage Renal Disease Among Racial and Ethnic Minorities**

Carlumandarlo E. B.Zaramo is a research scientist, geneticist and minority health educator at the Cleveland Clinic Foundation Minority Men's Health Center. A native Clevelander, he completed his undergraduate training in Biological Sciences at Case Western Reserve University and completed a 4-year Graduate Fellowship Biomedical Engineering and Clinical Research. Over the last eight years, he has been conducting a educational professorship in Pathology/Microbiology for the Health Career and Opportunity Program at Cleveland State University. He also has been Research Fellow in Glickman Urological Institute at the Cleveland Clinic Foundation since July 2003. He has over 12 post-baccalaureate years of experience in clinical, biochemical, cellular, and biomedical scientific research. In his most recent project, he has become skilled in designing and assessing extensive clinical health literacy educational procedures to examine disparities in urologic health disease, particularly in African American patients, to help in their ability to comprehend information in reference to their disease.

J. Zola, MPH; Health Educator
Title of Presentation: **Effective Intervention Outreach Strategies for Adult Health Promotion Programs**

J. Zola received her BA from the University of Wisconsin and her Masters of Public Health in Community Health Education from San Jose State University. She currently works for the San Francisco Department of Public Health in the Communicable Disease Control and Prevention section. Her work in the field of health education has spanned a wide range of health issues, including founding the San Francisco Immunization Coalition. She has a history of developing innovative community projects like the current collaboration with Stanford's Asian Liver Center and the YMCA entitled the 3 for Life Project.

Workshop Presenters

Carlos Zometa, W.K Kellogg Community Health Scholar
Title of Presentation: **Diabetes and Minorities: Development and Evaluation of Effect Program Curriculum and Possible Barriers**

Carlos S. Zometa is currently a Kellogg Community Health Scholar at the School of Public Health at the University of Michigan where he is learning how to conduct community-based participatory research. As part of the training he will be assisting the REACH Detroit partnership with two projects.

Institute Presenters

Institute Presenters

Nia Aitaoto, Program Coordinator
Title of Presentation: **The AAPI Health Agenda: Moving Forward**

Nia Aitaoto is a Program Coordinator for the Pacific Diabetes Education Program at Papa Ola Lokahi where she provides health education, community mobilization training and technical assistance in American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Hawaii, Republic of the Marshall Islands, and the Republic of Palau. She is also the Program Coordinator for the Cancer Council of the Pacific Island and a Principal Investigator of a National Cancer Institute funded research project to investigate health seeking behaviors of American Samoans in Hawaii. Prior to this, she spent 10 years working as a health educator in public-housing communities in Hawaii where the majority of Pacific Islanders reside. During those years, she collaborated with many of the health care agencies in Honolulu. Her ancestry is Samoan, Hawaiian, and Carolinian. She speaks several Pacific Islander languages, including Samoan and Hawaiian.

Jeff J Bachar, MPH, Program Director
Title of Presentation: **Obesity: Social and Environmental Factors Contributing to Obesity in Rural and Urban Settings**

Jeff Bachar is the Program Director of the Cherokee North Carolina REACH 2010 program. He has a master's degree from Tulane University School of Public Health. Mr. Bachar's professional interests include community based participatory research and social marketing.

Subroto Banerji, Public Health Advisor
Title of Presentation: **Utilization of Health Information Technology in Eliminating Health Disparities**

Subroto Banerji is Public Health Advisor with the CDC Division of TB Elimination. He is part of a team which focuses on improving the delivery of TB control activities within the 6 US affiliated Pacific Island Jurisdictions.

Nashira C. Baril, Project Director of the REACH 2010 Breast and Cervical Cancer project
Title of Presentation: **Institute: Racial and Ethnic Approaches to Community Health II: Effecting Behavioral and Policy Change for Improved Health**

Nashira C. Baril is project Director of the REACH 2010 Breast and Cervical Cancer project. She is candidate for her MPH at Boston University School of Public Health with an MCH concentration. She has worked on the REACH 2010 project for four years and is committed to empowering women in Boston's Black community.

Institute Presenters

Felix M. Barker MD, Professor
Title of Presentation: **Racial and Ethnic Approaches to Community Health II: Effecting Behavioral and Policy Change for Improved Health**

Dr. Felix M. Barker is a Professor of Optometry and the Associate Dean for Research and Academic Development of the Pennsylvania College of Optometry. He is presently serving in the dual roles of Interim Associate Dean of Clinical Programs and Interim Dean of Optometry. Professor Barker received his Doctorate in 1973 from Indiana University and his Masters in Vision Science in 1979 from the University of Houston. Professor Barker joined the PCO faculty in 1978 after completion of his graduate studies and his military service as an Army Optometry Officer. He is the former Director of Medical Education of the Eye Institute at PCO and has served on the Optometric Accreditation Council of the American Optometric Association and on the Board of Pharmaceutical Specialties of the American Pharmaceutical Association.

Dr. Barker's scientific research focuses on ocular light-related effects, including laser effects. He also works on drug toxicity, especially as it relates to photo-toxicity and photo-protection. This emphasis has lead him to work in the area of eye nutrition, especially in relation to the effects of carotenoids and other antioxidants in the retina and lens.

J. Berry
Title of Presentation: **Beyond Barriers: Engaging Racial and Ethnic Minorities in Metal Health Services**

Gaynelle Bowden-Diaz, National Director, African American & Native American Initiatives
Title of Presentation: **The Role of Policy Councils in Developing Partnerships to Address Diabetes Disparities in Minority Communities**

Gaynelle started with ADA in January 2005, where she is responsible for the overall management and direction of the nationwide activities and projects of ADA's African American and Native American Initiatives. These include such programs as Project Power and Awakening the Spirit. Gaynelle comes to ADA with more than eight years experience in developing, implementing, and managing community outreach programs. Her previous position was with the American Association for the Advancement of Science (AAAS) in Washington, D.C., implementing projects designed to strengthen and enrich informal science, mathematics, technology, and health education activities among children and families in minority communities. Gaynelle holds a Bachelor of Science degree in Biology from North Carolina Agricultural & Technical State University.

Institute Presenters

Julia Burgos, National Director, Latino Initiatives
Title of Presentation: **Institute: The Role of Policy Councils in Developing Partnerships to Address Diabetes Disparities in Minority Communities**

Ms. Burgos joined the ADA in January 2005 where she is responsible for the expansion and oversight of the ADA's Latino Initiatives. She works to develop programs and train the Latino program staff throughout the country to broaden their reach in the Latino community about the seriousness and complications of Diabetes. Julia has over 10 years of government, public affairs, non-profit & program administration experience. Before joining the ADA, she worked as a Community Development Manager in the UnitedHealthcare of the Mid-Atlantic Medicaid division where she focused her attention on projects that provided health education to the community while identifying eligible families for Medicaid enrollment. Before moving to the DC Metropolitan area, Ms. Burgos was a Program Director for the New York City Mayor's Office of Health Insurance Access where she helped to establish the Mayor's Giuliani's HealthStat Program. During her tenure, she was instrumental in facilitating the enrollment of over 350,000 children & adults into public health insurance programs. Ms. Burgos also served as a key staff member in former Mayor Rudolph Giuliani's Community Assistance Unit where she worked to resolve high level community issues. She also worked as a Public Affairs Coordinator at Wyckoff Heights Medical Center, a non-profit, voluntary hospital located within an underserved, Latino community in Brooklyn, NY. She started her service in the community as District Office Manager for former New York State Assemblyman Javier Nieves in Sunset Park, Brooklyn. Julia holds a Bachelors Degree in Communications from Iona College.

Beth Buxton
Title of Presentation: **Closing the Gap: Intergrating Knowledge to Improve Birth Outcomes in the African-American Community**

Beth Buxton has over ten years of professional experience in the field of community and public health with her current focus on maternal and child health services. She coordinates programs at the Massachusetts Department of Public Health which provide home based services to high risk mothers and their families.

She also works with a sub-committee to update the Perinatal Regulations; a task force that is addressing perinatal racial disparities; two statewide planning committees for the planning of the Annual Partners in Perinatal Health Conference and the March of Dimes Annual Prematurity Summit; and with various stakeholders to address perinatal health in the Commonwealth of Massachusetts.

In addition, Beth Buxton serves on the Board of Directors for the Central Massachusetts Rape Crisis Center and the Healthy Mothers, Healthy Babies Coalition of Massachusetts. She holds a Master's degree in Social Work from Boston University and is a licensed clinical social worker.

Institute Presenters

Chau Trinh-Shevrin
Title of Presentation: **The AAPI Health Agenda: Moving Forward**

Chau Trinh-Shevrin, DrPH, is the Director of the NYU Center for the Study of Asian American Health and Assistant Professor at the NYU School of Medicine. Dr. Trinh-Shevrin develops and implements initiatives and studies in the Outreach, Research and Training Cores of the Center for the Study of Asian American Health. Dr. Trinh-Shevrin is a co-investigator on several NIH, city-funded, and foundation grants focusing on alleviating health disparities in Asian American and other underserved communities. She has extensive experience in community-based research and evaluation. Currently she develops research initiatives for immigrant and minority communities, mentors junior faculty and medical students and residents on community-based research, and provides research support in data analysis and evaluation. She also chairs the Patient Care and Community Outreach Group on the Dean's Council for Institutional Diversity at the NYU School of Medicine and is on the Board of Directors for the Public Health Association of New York City. Dr. Trinh-Shevrin is a social epidemiologist with a Doctorate in Public Health from Columbia University and a Masters in Health Policy and Management at the State University of New York at Albany.

C.A. Collins, PhD; Assistant Professor in the Department of Sociology and Research Associate
Title of Presentation: **Obesity: Social and Environmental Factors Contributing to Obesity in Rural and Urban Settings**

Dr. Collins is an Assistant Professor in the Department of Sociology and Research Associate with the Population Research Center at the University of Texas at Austin. She also has a joint appointment with the Center for African and African American Studies and adjunct appointments with the Center for Health Promotion and Disease Prevention in Underserved Populations in the School of Nursing and the Institute of Gerontology. She is the recipient of numerous awards and recently received a Career Enhancement Award (2004-2005) from the Woodrow Wilson Fellowship Foundation.

Sharon Daves, MPH, RD; Project Officer
Title of Presentation: **Implementing Effective Diabetes Campaigns and Interventions**

Sharon Daves received her MPH in International and Family Health from the University of Texas—Health Science Center School of Public Health in Houston. She also completed the dietetic internship through the University of Texas and subsequently became a registered dietitian. Sharon began working at the Centers for Disease Control & Prevention as a Public Health Prevention Specialist where she was assigned as a two-year field assignee to the Commonwealth of the Northern Mariana Islands' Division of Public Health. She worked with the diabetes prevention and control program, focusing on type 2 diabetes prevention in the youth. After completing her two year assignment, she returned to the CDC's headquarters in Atlanta where she works as a project officer in the Division of Diabetes Translation where she continues to work with the Pacific jurisdictions funded by the division.

Shaleana Eubanks-Worlds, MPH; Program Coordinator
Title of Presentation: **Closing the Gap: Intergrating Knowledge to Improve Birth Outcomes in the African-American Community**

Shaleana Eubanks-Worlds, MS has been a maternal child health care advocate for over 14 years. She currently serves as the Program Coordinator of Save Our Babies at the Orange County Healthy Start Coaltion where endeavors to bridge the gap in racial disparities by ensuring health care access for all women.

Institute Presenters

Lacy Fehrenbach, MPH; Senior Director, Maternal and Child Health Policy
Title of Presentation: **Closing the Gap: Intergrating Knowledge to Improve Birth Outcomes in the African-American Community**

Lacy Fehrenbach is a Maternal and Child Health Policy Analyst at the Association of State and Territorial Health Officials. Her work focuses on state policies and programs in the areas of newborn screening, birth defects and disabilities, improving birth outcomes, early childhood development, oral health, and mental health. She earned a Master of Public Health degree from the George Washington University in May 2005. Lacy also holds a B.S. in Molecular and Cell Biology from Texas A&M University and has worked in a clinical microbiology lab where she developed rapid diagnostic tests for infectious diseases in newborns.

Mary Anne Foo, MPH; Executive Director
Title of Presentation: **Racial and Ethnic Approaches to Community Health I: Increaing Data Surveillance and Community Trust (REACH I)**

Mary Anne Foo is the executive director of the Orange County Asian and Pacific Islander Community Alliance, a community based nonprofit organization. She has been working in the Asian and Pacific Islander community for almost 20 years on a national, state, and local level. She is the principal investigator for the REACH 2010: PATH for Women project and several other community based participatory research projects.

Wilfred Fujimoto, M.D.
Title of Presentation: **Institute: The Role of Policy Councils in Developing Partnerships to Address Diabetes Disparities in Minority Communities**

Wilfred Y. Fujimoto, Endocrinologist, Professor Emeritus of Medicine, University of Washington received both his bachelors degree and his medical degree from Johns Hopkins University in Baltimore, Maryland. He is a renowned expert in diabetes research, with emphases on endocrinology and metabolism studies, and has published over 160 articles, including 11 under the Diabetes Prevention Program. He continues to provide consultation to and serve on advisory bodies for national organizations, federal, and other public entities on diabetes and to volunteer at the community level.

R.S. Fulp, B.A., MPH; Administrative Director, Center for Cardiovascular Disease in Women
Title of Presentation: **Obesity: Social and Environmental Factors Contributing to Obesity in Rural and Urban Settings**

R.S. Fulp has extensive experience in the development, implementation, and management of public health programs. She directed Healthy Heart Roxbury and Healthy Heart Jamaica Plain, the foundation for this study. She currently serves as the Administrative Director for the Center for Cardiovascular Disease in Women at Brigham and Women's Hospital in Boston, Massachusetts. The Center is dedicated to increasing awareness of heart disease in women and developing new and innovative strategies for the prevention and treatment of heart disease in women. Ms. Fulp previously served as Director of Community Benefits at Children's Hospital Boston. Ms. Fulp received her BA in American Studies from Tufts University and her MPH in Health Management and Policy from the University of Michigan School of Public Health.

Institute Presenters

Joanne Gallivan, MS, RD; Account Executive
Title of Presentation: **Institute: Implementing Effective Diabetes Campaigns and Interventions**

Joanne Gallivan, is currently the Director of the National Diabetes Education Program (NDEP) in the Office of Communication and Public Liaison for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH). Ms. Gallivan has served as project manager for NIDDK's Weight-Control Information Network (WIN), a national source of information on weight control, obesity, and weight-related nutritional disorders for health professionals and the public. Ms. Gallivan is a Registered Dietitian and is a member of the American Dietetic Association (ADA), the ADA's Diabetes Care Practice Group, and the Maryland Dietetic Association. Ms. Gallivan received her Bachelor of Science degree in nutrition from the University of Connecticut and her Master's degree in community nutrition from the University of Maryland. Ms. Gallivan has authored several articles on the National Diabetes Education Program and made numerous presentations at professional and consumer meetings on diabetes and the NDEP.

F. Gany, Founder and Director
Title of Presentation: **Utilization of Health Information Technology in Eliminating Health Disparities**

Francesca Gany, is the founder and director of the Center for Immigrant Health, a network of over 1000 community members, social scientists, and health care and public health professionals working with the diverse immigrant groups in New York and nationally. Dr. Gany is a member of the faculty of the New York University School of Medicine, Dr. Ganny has extensive background in immigrant health research, curriculum development, education, and program and policy development. Dr. Ganny teaches primary care, immigrant health, and health policy and medical economics at the School. She has published and lectured widely on immigrant health issues and has facilitated the dissemination of model projects nationally. Dr. Ganny holds a B.S. in Biology from Yale University, an M.D. from Mt. Sinai School of Medicine, and an M.S. in Health Policy from the Wagner Graduate School of Public Service.

Institute Presenters

Sergio Aguilar-Gaxiola, M.D., Ph.D.
Title of Presentation: **To Be Announced**

Sergio Aguilar-Gaxiola is Professor of Clinical Internal Medicine in the Department of Internal Medicine, School of Medicine, University of California, Davis. He is also Founding Director of the newly developed Center for Reducing Health Disparities at UC Davis Health System. Dr. Aguilar-Gaxiola is the on-site Principal Investigator of the Mexican American Prevalence and Services Survey (MAPSS), the largest mental health study conducted in the U.S. on Mexican Americans. He is a member of the National Advisory Mental Health Council (NAMHC), National Institute of Mental Health (NIMH). He holds several World Health Organization (WHO) advisory, board, and consulting positions; and is the Coordinator for Latin America and the Caribbean of the WHO World Mental Health (WMH) initiative. On June, 2004 he was elected as Chair Elect of the Board of Directors of the National Mental Health Association (NMHA). He is also a member of the Executive Board of Directors and the Past Chair of the Prevention and Children's Mental Health Services of the National Mental Health Association (NMHA). He is also a Research Scientist member of the National Hispanic Network on Drug Abuse (NHSNDA), an ex-member of the Board of Trustees of the American Society of Hispanic Psychiatry (ASHP), and a member of the California Policy Institutes on Health Statewide Advisory Committee. He is also the President of the Board of Directors of the Children Mental Health Foundation, a local non-profit corporation. He is actively involved in several key areas of national and international mental health. His extensive research includes cross-national comparative epidemiologic research on patterns and correlates of mental disorders and substance abuse in general population samples, and the development of culturally sensitive mental health diagnostic instruments. Lately, he has been also very active translating mental health and substance abuse research results into practical information that is of public health value to consumers and his families, service administrators, policy makers and other constituents with the purpose of informing mental health policy decisions and guiding program development at the local, national, and international level. Early in his professional career Dr. Aguilar-Gaxiola was involved in the development and implementation of models of service delivery for drug users and their families.

Dr. Aguilar-Gaxiola received his M.D. degree at the Autonomous University of Guadalajara in Mexico and his Ph.D. in Clinical-Community Psychology at Vanderbilt University. He also completed postdoctoral studies in health services research at the University of California, San Francisco. He is the author of several scientific publications, and the recipient of numerous awards such as the Peabody College of Vanderbilt University Distinguished Alumnus Award, the Medal of Congress ("Medalla de la Cámara de Diputados") of Chile for work related to mental health research, the Provost's Excellence Award for Distinguished Achievement in Research at California State University, Fresno, the 2002 Outstanding Latino Faculty in Higher Education Award by the American Association for Higher Education, Hispanic Caucus, and the 2005 Local Hero of the Year Award by KVPT Valley Public Televison and the Bank of California.

Victor Gonzalez
Title of Presentation: **The Role of Policy Councils in Developing Partnerships to Address Diabetes Disparities in Minority Communities**

Victor H. Gonzalez has been volunteering for the American Diabetes Association for over eleven years. As a practicing Ophthalmologist, Dr. Gonzalez sees day in and day out the devastating effects this disease places on his patients. This prompted him to support the ADA's mission by doing whatever it takes to get the mission done. He serves on the American Diabetes Association National Board of Directors as well as the Board of the Rio Grande Valley Chapter in Texas. Knowing the key to the ADA's mission is finding a cure, he serves on the ADA Research Foundation Board and works to secure their financial backing and advocate new legislation. Presently he is helping to spearhead the Latino Diabetes Action Council to address the needs of the Hispanic Diabetic community.

Institute Presenters

Beverly Gor
Title of Presentation: **The AAPI Health Agenda: Moving Forward**

Dr. Beverly J. Gor is the Associate Program Director for Community Relations and the Asian American Community Relations Coordinator for the Center for Research on Minority Health at University of Texas M.D. Anderson Cancer Center. She is also a registered dietitian and certified diabetes educator. Dr. Gor has been active in the local and state dietitians associations. Her areas of interest include pediatric nutrition, childhood obesity and minority health issues. Her doctoral research was on the dietary habits of Chinese Americans in the Houston area. Dr. Gor is a founding member of the Asian American Health Coalition in Houston.

Carol Horowitz, MD; Assistant Professor
Title of Presentation: **Implementing Effective Diabetes Campaigns and Interventions**

Carol Horowitz is a primary care doctor and health services researcher. She is an assistant professor in the Departments of Health Policy and Medicine at Mount Sinai School of Medicine in New York City. She aims to use community-based participatory research methods to address racial and ethnic disparities in health due to common chronic illnesses. She currently directs a local diabetes coalition. She is also the Principal Investigator of the community core of an NIH-funded disparities center, and of a community-based participatory research grant from the NIH's National Center on Minority Health and Health Disparities.

Elizabeth A. Howell, MD; Assistant Professor
Title of Presentation: **Closing the Gap: Intergrating Knowledge to Improve Birth Outcomes in the African-American Community**

Elizabeth Howell is an obstetrician gynecologist health services researcher on faculty in the Department of Health Policy at Mount Sinai Medical Center. Dr. Howell's research focuses on racial disparities in maternal and child health.

Carolyn Jenkins, Professor
Title of Presentation: **Racial and Ethnic Approaches to Community Health I: Increaing Data Surveillance and Community Trust (REACH I)**

Carolyn Jenkins is Prinicpal Investigator for REACH 2010: Charleston and Georgetown Diabetes Coalition and is a Professor in the Medical University of South Carolina College of Nursing. SInce 1977 she has worked with African American communities to improve health and reduce health disparities.

Ken Keppel, Statistician
Title of Presentation: **National Healthy People Objectives to Reduce Disparities: Unfinished Business**

Ken Keppel has spent the last five years working on the measurement of disparities in health.

Institute Presenters

Youliain Liao, MD
Title of Presentation: **Racial and Ethnic Approaches to Community Health I: Increaing Data Surveillance and Community Trust (REACH I)**

Youlian Liao is an epidemiologist at the Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. He has been working with REACH 2010 Risk Factor Survey in the past three years.

Spero M. Manson, PhD
Title of Presentation: **Beyond Barriers: Engaging Racial and Ethnic Minorities in Metal Health Services**
Spero M. Manson (Pembina Chippewa) is Professor, and Head, Division of American Indian and Alaska Native Programs, Department of Psychiatry, at the University of Colorado Health Sciences Center. Dr. Manson directs the National Center for American Indian and Alaska Native Mental Health Research (NCA-IANMHR), the oldest of the 7 national programs that comprise the division. He also directs the Robert Wood Johnson Foundation's Healthy Nations Initiative, a six-year, $15 million effort to assist 15 Indian and Native communities in their struggle to reduce the harm due to substance abuse by promoting comprehensive intervention strategies that integrate resources across formal and informal sectors of the local citizenry. Dr. Manson heads as well a $2 million grant by the Administration on Aging that established the Native Elder Health Care Resource Center (NEHCRC).

Over the last 15 years, Dr. Manson and his colleagues have acquired a research portfolio currently in excess of $42 million, drawing upon federal, state, private, and tribal sources, and involving collaboration with over 43 Indian and Native communities. He publishes extensively on the assessment, epidemiology, and prevention of alcohol, drug, and mental disorders across the developmental life span of Indian and Native people. Dr. Manson is the founding editor of American Indian and Alaska Native Mental Health Research, a professionally refereed journal dedicated to this area of concern.

He also serves on a wide range of boards and panels, including the National Institute of Mental Health, Office of the Surgeon General, Department of Veterans Affairs, Office of Technology Assessment, Institute of Medicine, State of Oregon Governor's Commission on Alcohol and Drugs, American Association of Retired Persons, Gerontological Society of America, and Denver Community Mental Health Commission. Dr. Manson has received numerous awards for his work, including the Colorado Public Health Association Researcher of the Year (1994), Beverly Visiting Professorship at the Clarke Institute of Psychiatry, University of Toronto (1995), the Indian Health Service's Distinguished Service Award (1996), the prestigious Rema Lapouse Mental Health Epidemiology Award from the American Public Health Association (1998), Walker-Ames Professorship at the University of Washington (1999-2000), and the Hammer Award from Vice President Gore (1999).

Jim Marshall, MPH; Epidemiologist
Title of Presentation: **Institute: Racial and Ethnic Approaches to Community Health I: Increaing Data Surveillance and Community Trust (REACH I)**

Jim Marshall earned his Masters of Public Health from Emory University in 2004 and joined the United South and Eastern Tribes Epidemiology Center as an infectious disease epidemiologist in May of that same year. A portion of his duties include coordinating the USET Immunization Project. Some of his past work has been in the area of vector-borne diseases as well as HIV/AIDS.

Institute Presenters

Cathy Nonas, MS, RD, CDE; Director of Obesity & Diabetes Programs
Title of Presentation: **Institute: Obesity: Social and Environmental Factors Contributing to Obesity in Rural and Urban Settings**

Cathy Nonas, is Director of Obesity and Diabetes Programs at North General Hospital in Harlem, NYC and Assistant Clinical Professor at Mt Sinai School of Medicine. She is the author of many peer reviewed articles on obesity and type 2 diabetes as well as co-editor of the book; Obesity: A Clinical Guide; published by the ADA. She plays an active role in a number of organizations including as a member of the education committee for the North American Association for the Study of Obesity, as a principal investigator for the Centers for Research and Education (a national organization to teach clinicians about obesity), and as faculty for the American Dietetic Association's Adult Weight Management training certificate program.

Sheila Och, BS, MPH; Director of Community Health Promotion
Title of Presentation: **Institute: Implementing Effective Diabetes Campaigns and Interventions**

Title of Presentation: **Racial and Ethnic Approaches to Community Health II: Effecting Behavioral and Policy Change for Improved Health**

Sheila Och is bilingual, bicultural and Spanish speaking, holds a BS degree in health education and a master's degree in public health from Boston University School of Public Health. She has over six years experience in community health promotion in the Brazilian, Latino, Cambodian, and African communities, having served as the staff development coordinator for the Cambodian REACH 2010 project.

T.A. Dominguez Parker, T. A.; PhD; Assistant Professor
Title of Presentation: **Closing the Gap: Intergrating Knowledge to Improve Birth Outcomes in the African-American Community**

Tyan Parker Dominguez is an Assistant Professor in the Graduate School of Social Work at the University of Southern California. With a background in medical social work, maternal and child health, and health psychology, Dr. Parker Dominguez is interested in persistent racial disparities in adverse birth outcomes and African American women's reproductive health. Taking a life course approach, her research focuses on the ways in which interpersonal and sociostructural forms of racism operate as stressors, seeking to understand the psychoemotional burden associated with minority status and unfair treatment, and the physiological mechanisms by which this type of stress may be translated into compromised pregnancy outcomes.

Jeffrey N. Pearcy, MS; Health Statistician
Title of Presentation: **National Healthy People Objectives to Reduce Disparities: Unfinished Business**

Jeff Pearcy is a Health Statistician in the Health Promotion Statistics Branch, OAE. He works on methods for measuring health disparities and determinants of health disparities. Before coming to NCHS, he worked in the Office of Public Health Assessment, Maryland Department of Health and Mental Hygiene. He has an MS from Ohio State University and is working towards a PhD in environmental health policy at the University of Maryland, College Park.

Institute Presenters

Deborah N. Pearlman, PhD; Assistant Professor of Community Health (Research)
Title of Presentation: **Institute: Obesity: Social and Environmental Factors Contributing to Obesity in Rural and Urban Settings**

Deborah N. Pearlman is a faculty member in the Department of Community Health, Brown University, Providence, Rhode Island. She also serves as a senior epidemiologist at the Rhode Island Department of Health, through a subcontract to Brown University. Dr. Pearlman has been a leader in expanding assessments of intervention efficacy beyond the individual level to include policy and environmental interventions to promote health. Within this paradigm shift, Dr. Pearlman has championed measurement of health disparities at both the individual and neighborhood levels, primarily in the area of women's health.

Annelle B. Primm, M.D
Title of Presentation: **Beyond Barriers: Engaging Racial and Ethnic Minorities in Metal Health Services**

Annelle B. Primm, M.D., MPH is the Director of Minority and National Affairs for the American Psychiatric Association. She is also an Associate Professor of Psychiatry at the Johns Hopkins School of Medicine. From 1993 until 2004, she served as the medical director of the Johns Hopkins Community Psychiatry Program, a community mental health center, where she has developed and overseen a variety of mental health services for adults.

Dr. Primm is a graduate of Harvard-Radcliffe College and Howard University College of Medicine. She completed her residency in Psychiatry, fellowship in Social and Community Psychiatry, and Masters of Public Health degree at Johns Hopkins. She is a nationally recognized expert on cultural issues in psychiatry and co-occurring psychiatric illness and substance abuse and has written and lectured widely on these topics. Dr. Primm has been a leader in collaborative public educational outreach and mental health screening initiatives focused on medically underserved populations. She is a Fellow of the American Psychiatric Association, a member of the American College of Psychiatrists, and currently serves as Vice President of the American Association of Community Psychiatrists. Dr. Primm is Vice President for Public Education of the Mental Health Association of Maryland, an affiliate of the National Mental Health Association. She has received numerous awards and honors, including the 2001 Maryland Schizophrenia Award and the Career Communications, Inc. Women of Color in Science and Technology Emerald Award for Medical Education in 2003.

Fred D. Rachman, MD; Interim Chief Executive Officer/Chief Medical Director
Title of Presentation: **Institute: Utilization of Health Information Technology in Eliminating Health Disparities**

Fred D. Rachman received his BA in Biology from Johns Hopkins University and his MD from Temple University. He is Board Certified in Pediatrics, and completed post graduate courses in Ethics, Economics and Health Care Management at Harvard University School of Public Health.

Dr. Rachman is presently Chief Medical Officer and interim Chief Executive Officer at the Alliance of Chicago Community Health Services, a network of primary care Community Health Centers. He is serving as principal investigator for the EQUIP project funded by the Agency for Healthcare Quality and Research. He previously served as Medical Director at Howard Brown Health Center and Erie Family Health Center, Chicago.

He is Attending Physician in Pediatrics at Children's Memorial Hospital and Northwestern Memorial Hospital. He has also been a Joint Commission field representative conducting ambulatory care accreditation surveys, including unified surveys and providing field education in accreditation and performance improvement.

Institute Presenters

Erin Reidy, Statistician
Title of Presentation: **Institute: National Healthy People Objectives to Reduce Disparities: Unfinished Business**

Erin Reidy is a statistician at NCHS with the Healthy People 2010 program. She is the data coordinator for Cancer, Chronic Kidney Disease, Heart Disease and Stroke, and Immunization and Infectious Diseases.

Kyrel L. Rowell, BA, MPH, Doctoral Candidate
Title of Presentation: **Institute: Obesity: Social and Environmental Factors Contributing to Obesity in Rural and Urban Settings**

Kyrel Rowell is a second year doctoral student in health education in the Department of Health and Kinesiology at Texas A&M University. She attained her Bachelor of Arts degree in Psychology from Spelman College and her Master of Public Health Degree from Emory University Rollins School of Public Health.

Charmaine Ruddock, MS; Project Director
Title of Presentation: **Institute: Implementing Effective Diabetes Campaigns and Interventions**

Charmaine Ruddock, Project Director, Bronx Health REACH, has been involved in the administration of health care services to underserved communities for more than 10 years, notably in the design, development, and operational oversight of managed care organizations serving communities in New York City. She joined the Institute for Urban Family Health in 2000 to direct Bronx Health REACH, a coalition of community-based housing, health care, and social service organizations, and faith-based organizations, funded by CDC REACH 2010 Initiative since 1999. The goal of Bronx Health REACH is to eliminate racial and ethnic disparities in health outcomes in the southwest Bronx, focusing on diabetes and heart disease.

Ms. Ruddock received a BA from the University of the West Indies, in Jamaica, and an MS in Management and Policy Analysis from the Graduate School of Management and Urban Policy at the New School for Research in New York City.

David G. Schlundt, PhD; Associate Professor of Psychology
Title of Presentation: **Institute: Obesity: Social and Environmental Factors Contributing to Obesity in Rural and Urban Settings**

David Schlundt is an Associate Professor of Psychology at Vanderbilt University and the director of Evaluation for the Nashville REACH 2010 Project.

Dirk Schroeder, MPH SCD; Executive Vice President Hispanic Care and Professor
Title of Presentation: **Institute: Utilization of Health Information Technology in Eliminating Health Disparities**

Dirk Schroeder, an expert in international health, is a tenured associate professor at Emory University's Rollins School of Public Health. Prior to Emory, Schroeder was a post-doctoral fellow at Cornell University from 1992 to 1993. From 1989 to 1991 he worked for the Guatemala-based Institute of Nutrition of Central America and Panama. Dr. Schroeder has been awarded many honors and distinctions, including a Future Leader Award (International Life Sciences Institute of North America,1998), Professor of the Year (Rollins School of Public Health, 1997) and a Fulbright Fellowship (Indonesia, 1985-1986).

Institute Presenters

Steven Shon, MD
Title of Presentation: **Beyond Barriers: Engaging Racial and Ethnic Minorities in Metal Health Services**

Steven Shon is Medical Director for Mental Health Services, Texas Department of State Health Services. He received his undergraduate degree from the University of Southern California and his medical degree from the University of California, San Francisco. He completed his residency in psychiatry at the Langley-Porter Neuropsychiatric Institute of the University of California, San Francisco. He received a Masters of Science in Medical Management from the University of Texas at Dallas School of Business. He is a Clinical Assistant Professor, University of Texas Health Science Center, San Antonio, Clinical Associate Professor, University of Texas, School of Pharmacy, Austin, Texas, and Adjunct Associate Professor of Neuropsychiatry and Behavioral Science at Texas Tech University Health Sciences Center. As Medical Director for Behavioral Health, Dr. Shon reports directly to the Commissioner of the Texas Department of State Health Services. He provides medical and psychiatric leadership; has responsibility for the quality and appropriateness of the clinical services provided; serves as chief medical resource; and develops clinical standards and policies as well as best practices for clinicians. Dr. Shon is co-director of the Texas Medical Algorithm Project (TMAP).

Dr. Shon is past Medical Director and was also Acting Director of the California Department of Mental Health. He has served on the National Advisory Council to the Center for Mental Health Services. His professional affiliations include consultant to the committee on Psychiatric Health Care and Mental Retardation of the Texas Medical Association; member, Texas Society of Psychiatric Physicians; and member of the American Psychiatric Association. He was a consultant to the President's New Freedom Commission on Mental Health. Dr. Shon is Board Chair of the National Asian American/Pacific Islander Mental Health Association (NAAPIMHA) and is a consultant to several local, state, and national organizations.

Dr. Shon has an extensive background as a speaker and is the author or co-author of numerous journal articles.

A. Slaughter, MD, MPH
Title of Presentation: **Institute: Racial and Ethnic Approaches to Community Health II: Effecting Behavioral and Policy Change for Improved Health**

A. Slaughter is Assistant Professor and Course Director for geriatric dentistry at the University of Pennsylvania School of Dental Medicine. She is a graduate of Meharry Medical College School of Dentistry in Nashville,Tennessee. She completed post-graduate general dentistry training at the University of Rochester Eastman Dental Center, a geriatric medicine fellowship at the University of Connecticut Travelers Center on Aging, and a masters in public health at the University of Michigan. Dr. Slaughter was the first dentist to receive the prestigous Brookdale National Fellowship, a national endowment that funds aging research. She was featured in Aetna's 2004 Calendar of African American History recognizing oral health care professionals as Miss September. Her research is focused towards community-based oral health promotion interventions targeted to vulnerable elder populations.

Chris Smith; Director of Research and Evaluation
Title of Presentation: **Institute: Racial and Ethnic Approaches to Community Health II: Effecting Behavioral and Policy Change for Improved Health**

Chris Smith is the director of research and evaluation for the New Hampshire Minority Health Coalition. She has conducted evaluations and community-based research of health promotion and behavioral intervention programs for the past 15 years. She is the lead evaluator of the Change for Life/Cambia tu Vida program, sponsored by the REACH 2010 initiative in New Hampshire.

Institute Presenters

Ho Luong Tran
Title of Presentation: **The AAPI Health Agenda: Moving Forward**

Ho Luong Tran, M.D., M.P.H. is President and CEO of the Asian and Pacific Islander American Health Forum (APIAHF). Dr. Tran worked as the Illinois Department of Public Health Special Assistant of Asian Affairs and Administrator of the Refugee Health Program of the Center for Minority Health and developed a Cultural Competency curriculum that's being implemented in both Federal and state agencies. Previously, Dr. Tran developed and coordinated activities of the Illinois Breast and Cervical Cancer Control Plan. Her physician career began in Vietnam, earning her degree at the University of Saigon in 1972. Her family fled the war-ravaged country as refugees in 1978, surviving a harrowing experience of flight by sea. Dr. Tran completed her pediatrics residency at Rush Presbyterian St. Luke Medical Center, Chicago, and earned a master's in Public Health from the University of Illinois in 1989. Currently, Dr. Tran serves as a member of the National Advisory Committee on Minority Health, U.S. DHHS.

The Honorable Sterling Tucker, Chairman
Title of Presentation: **The Role of Policy Councils in Developing Partnerships to Address Diabetes Disparities in Minority Communities**

Mr. Tucker currently chairs the Diabetes Epidemic Action Council (DEAC), an African American leadership group of the American Diabetes Association. He served as the President of the Washington Urban League for 18 years, and worked as the representative from the National Urban League as Vice Chairman for the storied March on Washington in 1963. Additionally, he directed the National March for Jobs and Freedom following the assassination of Dr. Martin Luther King in 1968.

Mr. Tucker's service has not been limited to the Urban League. In 1969, Mr. Tucker was selected by the President of the United States to become Vice-Chairman of the District of Columbia City Council. Later in 1975, Mr. Tucker became the first elected Chairman of the District of Columbia City Council. As Chairman, he developed and implemented legislative programs for Washington, DC, and shared responsibility with the Mayor for budget planning and its presentation to Congress. Mr. Tucker has served six Presidential administrations in numerous appointments, including serving as the Assistant Secretary for the United States Department of Housing and Urban Development in the administration of President Jimmy Carter. He has represented the US Government on a variety of missions throughout the world.

Mr. Tucker also served as Chairman of the Washington area affiliate of the American Diabetes Association (ADA), and was elected to the National Board of the ADA, where he chaired several committees and headed its task force on Minority Initiatives. The recipient of more than 200 awards, Mr. Tucker has also taught as an adjunct professor at Howard University in the School of Social Work, and is a published author of books on urban problems and solutions. He currently resides in Washington, D.C.

Kathleen M. Turczyn, Health Statistician
Title of Presentation: **National Healthy People Objectives to Reduce Disparities: Unfinished Business**

Kathleen Turczyn has worked at the National Center for Health Statistics, CDC, for over 30 years in many capacities. She has worked in several different NCHS divisions, and has past experience with data on health habits, the epidemiology of pain, and summary health status measures, to name just three. She has worked with 3 decades of Healthy People objectives, and has taken the lead on several major Healthy People publications. Kathleen is the senior statistician in her branch, and in this capacity, advises NCHS analysts, Healthy People 2010 workgroup leads, and other HHS staff on emerging data source and data measurement issues, and serves as a guiding and organizing resource for the current Healthy People 2010 midcourse review.

Institute Presenters

Julie C. Wisniewski, MPH; Program Director
Title of Presentation: **Closing the Gap: Intergrating Knowledge to Improve Birth Outcomes in the African-American Community**

Julie Wisniewski is the Program Director of the Worcester Healthy Start Initiative and Department Head at Great Brook Valley Health Center. The goal of Worcester Healthy Start Initiative is to eliminate disparities in perinatal health and reduce infant mortality in Worcester. Julie received her Masters of Public Health degree from Boston University, concentrating in Maternal and Child Health as well as Nutrition. Prior to her career in public health, she conducted cellular and molecular biology research. Julie is the Mission Coordinator of the March of Dimes Worcester WalkAmerica, the President of the Alumni Board at the Boston University · School of Public Health, and a member of the BU School of Public Health Maternal and Child Health Leadership in Education board. This year she was awarded the BU School of Public Health, Maternal and Child Health Department Alumni Award. In her spare time Julie enjoys gardening, listening to jazz, and biking.

Sheila L. Zackery, MPH; Health Disparities Epidemiologist
Title of Presentation: **Institute: Closing the Gap: Intergrating Knowledge to Improve Birth Outcomes in the African-American Community**

Sheila L. Zackery is the Health Disparities Epidemiologist for the Michigan Department of Community Health. Ms. Zackery has been with the department for one year and is responsible for providing epidemiological assistance to the Health Disparity Reduction and Minority Health Program. Ms. Zackery recieved her MPH in Hospital and Molecular Epidemiology from the University of Michigan in 2004, and her BS in Medical Microbiology from Michigan State University in 2002.

Workshop Moderators

Workshop Moderators

WORK SHOP SESSION	MODERATOR NAME
B14	Nina Agbayani,
B11	Frances E. Ashe-Goins, RN, MPH
C6	Diane Ashton, MD, MPH
A1	Christopher Bates,
C15	Cynthia Baur, PhD
B10	Jay Blackwell, MA
A5	Cheryl Boyce, MS
D15	Mario Browne, MPH
A12	Tracee Bryant, MPH, CHES
D17	Silas Buchanan, BS
E4	Audrey Burwell, MA
E11	Leona Butler,
E12	Jeff Caballero,
B5	Francis Chesley, MD
E10	Claude Colimon,
E1	Leslie Cooper, RN, BSN
D18	Hilda Crespo,
B6	Tennille Daniels,
D7	Gem Daus, MPH
A3	Hazel Dean, PhD
A10	Lisa Dolan-Branton, RN, BSN
E2	Michael Douglas,
C12	Stacey Ecoffey, MSW
B9	Eileen Elias,
C4	Sy Francisco, DrPH, MD
E7	Edwin Galan, RN, BSN, MA
B17	J. Gallivan,
A16	A. Sam Gerber, RN, MPH
B19	Wayne Giles, MD
E15	Wayne Giles, MD
E16	Miryam Granthon, MPH
C14	Dense Green,
A4	Jacqueline Harley, MSA
C10	Betty Hawks, MA
A17	Warren Hewitt, MS
D4	June Horner,
D10	Kesi Howell, MPH
A13	Helen Hunter, MHS
E13	Iris Hunter, M.ED
E6	Mildred Hunter, MSW
F6	Patty Iron-Cloud, MA
F5	Pamela Jackson, MS
C13	Sharon Jackson,
B2	Lovell Jones, PhD
E14	Wanda Jones, DrPH
E8	Dorothy Kelly,

Workshop Moderators

WORK SHOP SESSION	MODERATOR NAME
A11	Margret Korto, BS
E9	Monique LaRocque, MPH
A18	Heather Lawson, JD, MPH
B4	Nolan Leo, MEd
B12	Arlene Lester, DDS
D6	Melody Lin, PhD
B15	Kathleen Loughrey, MPH
D14	Terry Mahotiere
F3	Melenda Martin
A15	Marjone Mau, MD, MS
B8	Vickie M. Mays, PhD., MSPH.
F7	Sheila Merriweather, MPH
B18	Julie Moreno, MPH
B16	Debra Nichols, MD, MPH
D9	Henry Ocampo, MPH
D5	Kristin Oehlke, MA, MS
A6	Lorenzo Olivas, MPH
C8	Brinda Ortiz
A2	Guadalupe Pacheco, MSW
C11	Anna Maria Padlan, MPH
C9	Kermit Payne,
E3	Christina L. Perez, MN, FNP, RN
C3	Wendy Perry
B3	J. Pettis
F4	Rosaly Correa- de- Araujo, MD, MSc, PhD
D8	K. Rhee
D11	Ana Rivera, BS
D1	Rollins Rochelle, PhD
A14	Susan Russell, BS, MSA
D2	Janet Scott-Harris, MS
F8	Jay Silver
E5	Clay Simpson, PhD
B1	Adrienne Smith, PhD, MS, CHES
D13	Carlos Soles, BA
D12	Lisa Stafford,
D16	Ann Surapruik, MPH
C4	Francisco Sy, DrPH, MD
E17	Ho Tran, MD,
B7	Ben Truman, MD
C2	Marie Wagner-Clarke,
C7	Lorrita Watson, PhD
A7	Valerie Welsh,
F1	Jordan Wilbert, MD, MPH
A8 & C5	Betty Williams, DrPH RN
D3	Jacquelyn Williams, MPH
A9	Carmen Winston
B13	Violet Woo, RD, MPH
C1	Frederick Yee, MS, MBA

Abstracts and Bios: Oral Poster Presentations

Presenter:	T.A. Arcury, PhD
Title: (Poster No.) Track 3	Reducing Latino Farmworker Environmental Health Disparities: Research to Policy Impact (P-08)
Learning Objectives:	Upon the completion of this presentation, participants will be able to: 1. describe a model for using community-based participatory research to influence policy 2. describe the range of environmental health problems faced by migrant and seasonal farmworkers 3. compare three case studies (focused on mental health, food insecurity, and housing) on the use of research to influence policy
Issues:	Migrant and seasonal farmworkers experience a wide range of health disparities that can be linked to the physical and social environments in which they work. Community-based participatory research methods are an effective means of ensuring that farmworkers have a voice in identifying significant problems and in developing solutions that are culturally appropriate.
Description:	The *Casa y Campo* project (a partnership of two community-based organizations and one university-based research group) uses a systematic program of community-driven research to identify community needs, conduct focused and rigorous research, and disseminate results to policy makers. For each case study, the health problem and the research approach are described, the research findings presented, and the policy impact summarized. Research focused on Latino farmworkers in eastern North Carolina. Surveys were conducted from 2001-03 that included measures of anxiety, depression, and food insecurity, as well as inspections of dwelling characteristics. Participants included workers with and without families present in the US.
Results:	(1) Most farmworkers are ambivalent about coming to the US, which is associated with anxiety and depression. Calling home more frequently reduces effect of ambivalence on anxiety. Policy changes include provisions for phone access at farmworker camps. (2) Farmworkers, both with and without children in the US, experience high rates of food insecurity and hunger compared to other segments of the US population. Policy impacts include development of community gardens and markets for sale of home produced food. (3) Farmworker housing is crowded and often lacks basic facilities. Policy impacts include development of alternative housing designs and financing options. New bathing facilities have been designed and built. State housing regulations have been strengthened.
Recommendations:	Community-based participatory research should be employed in communities experiencing health disparities to identify salient health concerns and to craft workable policy shifts. Community-based organizations can partner with university researchers to blend community knowledge and organizing skills with research expertise. The results of research can provide advocates with data that support policy change significant to the community. [Abstract 45]

Presenter:	Carol M. Baldwin, PhD, RN, HNC
Title: (Poster No.)	Health Disparities of Mexican American Veterans with Type 2 Diabetes (P-19)
Learning Objectives:	1). Upon completion of this presentation, participants will be able to compare the prevalence rates for Type 2 diabetes between Mexican American veterans and civilians. 2). Upon completion of this presentation, participants will be able to evaluate the way in which income may serve as a proxy for ethnicity and access to diabetic care. 3). Upon completion of this presentation, participants will be able to explain why body mass index (BMI) may put Mexican Americans at greater risk for Type 2 diabetes. 4). Upon completion of this presentation, participants will be able to distinguish between the perceived global health of Mexican American and Non-Hispanic White veterans who do and do not have Type 2 diabetes.
Issues:	Health Disparities Across the Lifespan: This study addresses the health disparities of Mexican American male military veterans with physician-diagnosed Type 2 diabetes. This study includes prevalence rates of Type 2 diabetes for Mexican American and Non-Hispanic White veterans. Demographic and lifestyle factors examined include the roles that ethnicity, income, BMI, and perceived global health status play relevant to Mexican Americans with diabetes that reside in the desert southwest and receive their care in a Veterans' Administration health care setting.
Description:	Mexican American (n=106) and Non-Hispanic White (n=118) male veteran outpatients ages 54 to 86 years were recruited by letter or flyer from a Veterans' Administration hospital in the southwest. Participants completed demographic, health behaviours, health status, and medical history surveys. Ethnicity was defined by self-report and with a validated acculturation measure. Current height, weight, and blood pressure were also obtained. Logistic regression modelling was done with diabetes as the dependent variable and all relevant independent variables in the full model, including age, ethnicity, education, income, perceived global health, BMI, and smoking. Modelling was the done for each ethnic group using the emergent predictor variables.
Results:	Mexican American veterans (33%) were significantly more likely to have diagnosed Type 2 diabetes compared to Whites (17.8%) (OR=2.3; CI=1.2-4.2). Income was a risk factor in the full model, but not in either ethnic model, suggesting that income was confounded with ethnicity. In each of the ethnic models, BMI was a risk factor for diabetes. However, the BMI risk increase for Non-Hispanic Whites was 10%, less than half of what it was for Mexican Americans at 23%. Mexican American veterans with diabetes also indicated poorer global health (2.7 SD 1.0) compared to Mexican Americans without diabetes (3.3 SD 0.9, p=0.001). There were no differences in self-reported global health for White veterans with or without Type 2 diabetes (3.3 SD 1.1 versus 3.2 SD 0.9 respectively).
Recommendations:	Findings can be extrapolated to clinical and research settings via these recommendations: 1) Results suggest that economic disparities may serve as a proxy for ethnicity and play a role in reduced access to care in the Veterans' Administration health care settings for Mexican American veterans; 2) Elevated BMI puts Mexican Americans at 23% greater risk for Type 2 diabetes compared to 10% greater risk for Non-Hispanic White veterans, a modifiable risk factor for Mexican Americans through culturally responsive health promotion activities; and 3) Adequate treatment and education regarding diabetes and diabetic care may improve the perceived global health of Mexican American veterans with Type 2 diabetes. [Abstract 122]

Presenter:	L.N. Borrell, PhD
Title: **(Poster No.)** **Track 5**	Self-rated health and Race among Hispanic and non-Hispanic adults (P-22)
Learning Objectives:	Upon completion of this presentation, participants will be able to 1) explain the problem of using aggregate data in health; 2) formulate the importance of studying and accounting for race among Hispanics; and 3) identify the implications of ignoring racial heterogeneity among Hispanics for health disparities in the United States. At the conclusion of this presentation, participants will be able to summarize the importance of disaggregating data when studying health disparities in the United States.
Issues:	Because of their racial heterogeneity, Hispanics, the fastest-growing group in the US, could bear the burden imposed by race in our society as groups among non-Hispanics do (i.e. African Americans). Evidence related to health and race among Hispanics and akin with non-Hispanics data, although sparse, suggests that Hispanic blacks exhibited worse health outcomes than Hispanic whites.
Description:	The objective of this paper was to investigate the association between race and self-rated health among Hispanic (n=100,243) and non-Hispanic (n=17,327) adults 18 years and older; and to compare the strength of the observed association among Hispanics and non-Hispanics. Data from the 2000-2003 National Health Interview Surveys are used. SUDAAN was used to fit Logistic regression models to estimate the strength of the association between race and self-rated health among Hispanics and non-Hispanics before and after adjusting for selected covariates.
Results:	The authors found that blacks, especially non-Hispanic blacks, exhibited the highest prevalence of fair/poor self-rated health compared to their white counterparts. In the adjusted analyses, compared to non-Hispanic whites, non-Hispanic blacks (OR:1.21; 95%CI: 1.16-1.43), Hispanic whites (OR:1.32; 95%CI: 1.14-1.52) and blacks (OR:2.19; 95%CI: 1.07-4.49) were more likely to rate their health as fair/poor. The strength of the association between race and self-rated health did not differ between Hispanics and non-Hispanics ($p_{\text{interaction}}$=0.50).
Recommendations:	The study's findings underscore the importance of accounting for the racial heterogeneity among Hispanics when presenting health data. In eliminating health disparities among Americans, race among Hispanics cannot be ignored and should be considered in the current discourse on racial/ethnic disparities in health. [Abstract 329]

Presenter:	Amy Brown, MPH
Title: **(Poster No.)** **Track 3**	The Use of Primary Data Collection Methods to Improve Health Disparities Research in Federal and State Health Program Evaluations (P-13)
Learning Objectives:	• Upon completion of this presentation, participants will be able to list the limitations of secondary data sources and evaluation standards used in Federal and State health program evaluations to investigate health disparities. • Upon completion of this presentation, participants will be able to evaluate the unique challenges faced by program evaluators in adopting new primary data research methods. • Upon completion of this presentation, participants will be able to identify several promising primary research methods, as well as the advantages and limitations of each.
Issues:	Federal and State health program evaluations provide an opportunity to contribute to health disparities research. Program evaluation standards rarely include explicit instructions to guide health disparities investigations. When disparities are evaluated, these standards focus almost exclusively on those related to race/ethnicity. In addition, one of the main sources of data for program evaluations is large secondary population-based datasets. These datasets often use a limited range of variables that do not comprehensively describe the full range of risk factors that may be associated with health disparities. Previous studies have found that primary data can complement secondary data by providing a more complete investigation of these risk factors. However, studies have yet to investigate the utility of primary research methods from the perspective of private sector program evaluators.
Description:	The purpose of this project was to conduct a literature review to identify promising primary research methods to help document a wider range of health disparities and to better understand their causal pathways in Federal and State health program evaluations. Primary research methods were also considered within the context of study constraints typically faced by program evaluators, including limited budgets, tight schedules, and pressure to narrowly focus the scope of evaluations primarily on program performance and outcomes, to the exclusion of health disparities.
Results:	Several different types of primary research study designs were identified as potentially useful for the investigation of health disparities in program evaluations, including 1) ethnographic, 2) qualitative description, and 3) participatory action research. Each of these study designs allowed for a more in-depth exploration of health disparities, including individual, cultural, and environmental barriers to accessing health services and leading healthy lifestyles. Challenges of each regarded planning and facilitation of data collection instruments, data organization and analysis, and reporting of results.
Recommendations:	More research is needed to directly measure the utility of primary research methods to investigate health disparities in Federal and State health program evaluations. The outcomes of these studies should be used to encourage the collection and analysis of health disparities related a wider range of factors, including age, disability, and sexual orientation. Program evaluation standards should also use more explicit guidelines to direct health disparities research using both primary and secondary data. [Abstract 381]

Presenter:	M.E. Brown, MD
Title: **(Poster No.)** **Track 6**	Using a Health Literacy Partnership to Address Health Disparities (P-27)
Learning Objectives:	1. Upon completion of this presentation, participants will be able to explain the role of low health literacy in health disparities. 2. Upon completion of this presentation, participants will be able to describe one local health literacy partnership. 3. Upon completion of this presentation, participants will be able to explain how a health literacy partnership can help reduce/eliminate health disparities
Issues:	Poor health literacy has been linked to several health disparities. One approach to reducing these disparities is to create health education materials in plain language that can be read and understood by individuals with low health literacy. A multidisciplinary group has been established in Rockford to find or create such materials.
Description:	Invitations to join in a Rockford Health Literacy Partnership were issued to several agencies: The University of Illinois at Rockford, including the National Center for Rural Health Professions, the health disparities research team, the chronic disease management research team, the health sciences library, and the asthma research team; the federally qualified health center; the county health department; the Rockford Asthma Consortium; the Northern Illinois Diabetes Coalition; the Rockford Health Council and the Minority Health Advisory Council. A regular meeting schedule was established, and the group divided into 3 work teams (resource center, document creation, and grant writing).
Results:	The Rockford Health Literacy Partnership established a resource center (housed at the University Library) to contain both health education materials written for adults having low health literacy and resource materials for Partnership members. Also, the Partnership established a protocol for creating health education materials for adults with low health literacy. The first such item (How to Get the Most from Your Doctor Visit) was created in both English and Spanish and distributed for pilot testing. In addition, the Partnership established a liaison with another health literacy team in the Northern Illinois Region. Finally, two potential sources of grant funding to support the growth and development of the Partnership were identified.
Recommendations:	Health Literacy partnerships should be established at the local community level to help the efforts to eliminate racial and ethnic health disparities.

Presenter:	Mark Colomb, PhD
Title: **(Poster No.)** **Track 1**	Successful Coalition Development Strategies to Increase HIV testing in African-American Communities through the Community Guide Model (P-03)
Learning Objectives:	• Participants will be able to identify the steps to building an effective HIV prevention coalition. • Participants will be able to discuss the barriers related HIV testing and counseling in African American communities. • Participants will be able to discuss techniques used in forming coalitions that addresses the barriers related to HIV testing and counseling.
Issues:	African American communities require organized strategies to effectively mobilize existing resources and to develop and maintain social cohesion, civic engagement and collective efficacy when addressing HIV/AIDS prevention issues. Community-based, population focused interventions are needed to increase access to HIV testing, counseling and risk reduction services. The formation of HIV/AIDS prevention coalitions by community health organizations can be instrumental for service integration, service linkage and resource development.
Description:	Access to and utilization of HIV prevention and risk reduction services is a major health disparity in the African American community. The Community REACH Project developed prevention strategies through a structural, population-based behavior change model called the Community Guide Model for Linking the Social Environment to Health. This poster depicts how successful HIV/AIDS prevention coalitions are developed and implemented by linking health determinants and prevention strategies to health outcomes.
Results:	Coalition Development services through the model have been delivered in 2 states to a total of 23 community health organizations via capacity building by skills building. Quantitative evaluation data indicate that 91.3% of the participants feel they can apply the steps learned and 86.9% of participants plan to utilize information obtained in this course to form and maintain coalitions in their communities.
Recommendations:	The development and maintenance of HIV/AIDS prevention coalitions should be approached as a structured process with clear goals and objectives. [Abstract 184]

Presenter:	Jill Davison, MPH
Title: **(Poster No.)** **Track 3**	Disparities in Tuberculosis among Asian and Pacific Islanders in the United States (P-14)
Learning Objectives:	1. At the conclusion of this presentation, participants will be able to identify disparities in tuberculosis (TB) case rates among Asian and Pacific Islanders (API). 2. At the conclusion of this presentation, participants will be able to identify disparities in drug resistance among API. 3. At the conclusion of this presentation, participants will be able to identify opportunities for further progress in TB prevention and control among API.
Issues:	For the past decade, API have had the highest rate of TB among all racial groups in the United States. Factors contributing to this high rate include country of origin where TB is endemic and may involve language or cultural barriers which may limit access to medical care.
Description:	The authors analyzed Reports of Verified Cases of Tuberculosis submitted by 50 states and U.S. jurisdictions to the National Tuberculosis Surveillance System to determine disparities in TB among API.
Results:	During 1993-2003, API had the least percentage decline (36%) in TB case rate compared to approximately 50% decline in the other racial/ethnic groups. In 2003, API TB case rate was 28 times higher than non-Hispanic whites. Of 41,257 API TB cases during 1993-2003, 93% were born outside the U.S. compared to 11% of 51,017 non-Hispanic whites. Isoniazid (INH) resistance is significantly higher among API compared to all other racial groups. Primary drug resistance to at least INH and rifampin (MDR TB) is significantly higher among API than non-Hispanic whites.
Recommendations:	Healthcare providers should be aware of disparities in TB among API. TB program managers should continually develop, implement, and evaluate innovative TB prevention strategies for this population such as using geographic information system to target areas with high rate of API TB cases. CDC is collaborating with other agencies to improve TB screening and tracking among immigrant and refugee visa applicants, enhance laboratory services, and provide training to Asian/Pacific health professionals. In addition, CDC is collaborating with public health partners to strengthen TB programs in countries with a high incidence of TB and is conducting an assessment of TB prevention among foreign-born persons. [Abstract 387]

Presenter:	Megan Fong, MPH
Title: **(Poster No.)** **Track 6**	Developing Culturally Appropriate Educational Materials for Native Hawaiians (P-29)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1) Identify key steps in the development of culturally appropriate and relevant materials for Native Hawaiians. 2) Identify ways to involve the community at multiple stages of public health practice. 3) Apply the knowledge shared to address their community's health issues and concerns
Issues:	1) Native Hawaiians experience disproportionately high rates of diabetes morbidity and mortality. 2) Previous research shows that diabetes prevention and control efforts may be enhanced when educational messages are culturally appropriate and relevant. 3) Yet, few educational materials are culturally appropriate or relevant for Native Hawaiians, and many educational materials are developed without input from communities, and fail to account for cultural beliefs, customs,
Description:	The authors held community discussion groups to guide program efforts to develop and distribute culturally and linguistically appropriate educational materials for Native Hawaiians. Discussion group participants critiqued existing educational print materials from the National Diabetes Education Program and described ways to make educational materials culturally appropriate, culturally relevant, and effective.
Results:	The authors completed 6 community discussion groups with Native Hawaiians across the state of Hawaii, including members of the general community, health care providers, people with diabetes, and people at risk for diabetes. Several themes emerged from participants' critiques of existing materials, such as: 1) participants wanted print materials to have improved readability (e.g., fewer words, simpler language); 2) participants wanted to see more pictures, especially pictures of Native Hawaiians; and 3) participants wanted print materials that incorporated their culture and lifestyle into the educational message.
Recommendations:	To ensure that educational materials are culturally appropriate and relevant, it is essential to garner community involvement and account for cultural beliefs, customs, and practices. [Abstract 394]

Presenter:	Taleria R. Fuller, PhD
Title: **(Poster No.)** **Track 5**	Diffusing a Culturally-Relevant HIV Prevention Intervention for African American Women: The SISTA Pilot Project (P-18)
Learning Objectives:	1. Upon completion of this presentation, participants will be able to summarize the purpose and objectives of the SISTA pilot project. 2. Upon completion of this presentation, participants will be able to interpret findings from the SISTA pilot project. 3. At the conclusion of this presentation, participants will be able to identify culturally relevant adaptations to the SISTA intervention.
Issues:	HIV/AIDS is a health disparity that impacts the lives of African American women. This population remains one of the fastest growing groups infected and affected by HIV. Injection drug use and sex with injection drug users remains a risk factor for HIV, yet many women are exposed through heterosexual contact with an HIV-positive partner. A paucity of prevention research has addressed the context of risk, especially for African American women. As a result, there is a critical need for culturally relevant prevention interventions that address heterosexually active African American women.
Description:	This presentation will provide an overview of findings from the SISTA (DiClemente and Wingood, 1995) pilot project, including findings related to: 1) agency capacity, 2) fidelity, 3) adaptations for specific populations, 4) evaluation and technical assistance needs, and 5) barriers to implementation. In addition, cultural adaptations adopted by the SISTA intervention to stimulate cohesion among training participants, as well as promote positive interactions and learning experiences will be highlighted.
Results:	The findings demonstrate that the majority of agencies were able to initiate the project within one year after receiving the intervention materials and training. Most agencies targeted African American women and implemented the intervention in drug treatment and correctional facilities. Fidelity to the SISTA core elements was maintained, and some agencies added additional materials and changed session length and time. Training and technical assistance needs related to evaluation, monitoring and implementation were also identified.
Recommendations:	Overall, results demonstrate a need for extensive pre-planning and skills-building prior to implementation. [Abstract 89]

Presenter:	Maya Guendelman
Title: **(Poster No.)** **Track 1**	Perceived versus Actual Risk for Hypertension and Diabetes in the African American Community
Learning Objectives:	Upon completion of this presentation, participants will be able to discuss the relevance of risk perception to health-related behavior. Upon completion of this presentation, participants will be able to evaluate how risk perception may vary among cultures, and how this variance may necessitate culturally-tailored health interventions. Upon completion of this presentation, participants will be able to suggest further studies that will help elucidate the issue of risk perception in different cultures.
Issues:	Hypertension and diabetes mellitus are leading health concerns in the United States. Despite a disproportionate burden of both conditions among African Americans, it is estimated that 44% of diabetes cases and one quarter of hypertension cases within this population are undiagnosed. Lack of awareness of the risk of diabetes and hypertension may hinder preventive efforts as well as the adoption of positive lifestyle changes. Perceptions of risk vary widely among populations. A critical aspect of designing effective interventions is acknowledging relevant cultural factors – such as perceptions of risk – that modify screening behaviors, willingness to accept standard treatments, and solicitation of available care (Antman et al., 2002).
Description:	Based on the findings from a pilot study to develop and standardize uniform screening forms for hypertension and diabetes, this paper reports on the perceived risk versus actual risk of developing these conditions among primarily African American participants using a community-based screening tool. Community-based screening tools were developed which assessed both perceived and actual risk of diabetes and hypertension, respectively.
Results:	A total of 265 hypertension and 225 diabetes screening forms were randomly selected from 8 sites from across the country. The risk perception of the overall study sample was similar to its actual risk for developing either condition. However, a significant proportion of individuals who scored at *high* risk for diabetes or hypertension were unaware of their risk for these conditions.
Recommendations:	Recommendations: These results suggest the need for developing culturally relevant interventions, public health education, and health policies that address the risk misperceptions among African Americans at high risk for these conditions. The results point to the relevance of risk perception to health, and the need for additional research regarding the cultural differences in risk perception, the reasons for the differential between actual and perceived risk for health-related conditions, and the ways in which increased knowledge of a group's risk perception patterns can inform the improvement of culturally-sensitive health interventions.

Presenter:	N. Guzman, MD
Title: **(Poster No.)** **Track 1**	Enhancing Access to STD Care for Adolescent Minorities through the Implementation of a Model of Field Based, Field Worker Delivered Therapy, Prevention Counseling and Testing (P-02)
Learning Objectives:	• Upon completion of this presentation, participant will be able to describe disparities in the STD rates in adolescent Afro-Americans in a major Florida metropolitan area. • Upon completion of this presentation, participant will be able to identify the reproductive morbidities associated with acquisition of STDs and particularly the potential use of ectopic pregnancy rates as a program outcomes marker. • Upon completion of this presentation, participant will be able to describe a working model of a field based STD clinical program.
Issues:	Track 1: Health care access, utilization and quality. Jacksonville Florida, Duval County, has among the highest rate of adolescent STDs in the state of Florida. In 2003, rates of infection per 100,000 women aged 15-19 for Ch was 5,019 and for GC 1212. These rates have remained among the highest in Florida despite the availability of a traditional STD program with centralized clinical services, field based epidemiologic investigation and clinical referral and aggressive outreach programs.
Description:	In 2004, recognizing the disproportionately high rates of GC and Ch in AA young adults, the Duval County Health Dept. STD Division decentralized it's traditional STD clinical services. This was accomplished through implementation of a model program of field based therapy, contact investigation, prevention and testing. This program targeted 15 – 24 year olds, utilizing an established protocol and conducted by trained STD field workers.
Results:	The move to a field based model of counseling, testing and therapy resulted in a markedly increased capacity of our program to provide service to the 15 – 24 Y/O targeted high risk population. The program was initiated in the spring of 2004. Comparing the first 6 months of 2005 with a pre-program period of Jan – June 2003, an increase was achieved in the number of Chlamydia cases treated and interviewed in the target population from 380 to 833 cases (a 119% increase) and increase the number of sexual contacts of those cases treated from 266 to 724 cases (an increase of 172%). Investigation and treatment of gonorrhoea in the adolescent target population went from 164 to 295 cases and from 82% to 94% of eligible cases investigated and treated.
Recommendations:	Field based therapy, counseling and serotesting by trained field staff functioning under protocol is an effective and efficient STD clinical delivery system; particularly useful for high risk target groups. Further development and utilization of this model and outcomes monitoring is warranted. [Abstract 73]

Presenter:	G. Hampton, BA
Title: (Poster No.) Track 3	Tackling Environmental Health Disparities: A Community-Based Participatory Model (P-12)
Learning Objectives:	Upon completion of this presentation, participants will be able to explain some of the challenges and opportunities in a community-university partnership. Upon completion of this presentation, participants will be able to identify methodologies for assessing the concerns of community residents related to environmental health. Upon completion of this presentation, participants will be able to translate the findings of a community needs assessment into health care initiatives.
Issues:	Camden is the second poorest city in the United States. Its largely African American and Latino population experience elevated rates of asthma, developmental disabilities, diabetes, hepatitis and other job-related illnesses (e.g., cancer) that exceed that of the state and nation as a whole. The city has a legacy of contamination from heavy industry, including contaminated soil and groundwater, as well as other industrial processes that are contributing to the growing concerns about air pollution. Age-adjusted mortality rates for the city residents for all deaths exceeds the Healthy People goals for the nation and were among the highest in the nation.
Description:	Faculty, students and staff from the University of Medicine and Dentistry of New Jersey have come together with community based groups, health care organizations, City of Camden's regional planning board and other organizations to form Camden City Healthy Futures. With funding from OMH through UMDNJ's Institute for the Elimination of Health Disparities, Camden City Healthy Futures has sponsored community health, housing and job fairs in an effort to raise the level of awareness regarding environmental health risks. A series of community health needs assessments have been conducted using both focus groups and individual surveys. The purpose of the assessments was to explore knowledge of health risks, health practices and to understand the unmet healthcare needs.
Results:	During the initial assessment, 146 residents completed surveys at four health fairs. Almost two-thirds of the respondents were African American, 13.7% Latino and 14.4% were White. One-quarter of the respondents were male (24.7%) and 39.7% completed high school or equivalent. One-third (33.6%) respondents had private insurance, 21.2% and 19.9% had Medicaid and Medicare coverage, respectively. The most important health issues identified by respondents were HIV/AIDS (34.2%; n=50), drug/alcohol addiction (31.5%; n=46) and hypertension (28.8%; n=42). The most important environmental issues in the community were crime (48.6%; n=71), violence (36.3%; n=53) and air pollution (30.1%; n=44). The most important healthcare issue was the need for more health education to promote lifestyle changes (50.7%; n=74).
Recommendations:	Community-based research is an innovative approach to bring the community together with university to work as a team to identify health issues. This approach benefits the neighbourhoods by providing with information that can be used to illustrate the needs of the community. It also expands research process to inform the design and methodology used to ascertain informative data in and about underserved communities. The findings demonstrate that data collected using community-based participatory research can be a useful approach in identifying the needs of the community to assist in community planning. Results from community indicate a number of environmental health care needs that will be used to shape and empower the community to development interventions. [Abstract 368]

Presenter:	Cora Ho, MLS
Title: **(Poster No.)** **Track 6**	Tufts SPIRAL (Selected Patient Information Resources in Asian Languages) Outreach Program Subcontract NN/LM NER Subcontract Agreement NLM-00-101-SMS (P-28)
Learning Objectives:	Identifying and selecting and providing access to authoritative, Web-based consumer health materials in East Asian languages
Issues:	The goal of the Spiral project is to promote health literacy by collecting health information in multi-Asian Languages for non-English speakers' searching, and their care providers to make information available for their non-English speaking patients.
Description:	To report on a two-phase initiative to provide electronic access to health information for consumers and health care providers in Asian languages, specifically Chinese, Cambodian, Hmong, Korean, Lao, Thai and Vietnamese. Phase one, project "New Technologies in Information Access," describes collaboration partnership between the Tufts University Hirsh Health Sciences Library and the South Cove Community Health Center to create a web site with links to health information for healthcare providers. Phase two describes pushing the project out to a wider audience with expansion of health topics and languages: the challenges included in identifying appropriate materials in a variety of languages and displaying it in applicable character sets; identify best practices for training based on lessons learned; describe issues in translating materials and promoting the project to a wider audience by distributing translations through a range of community based organizations including public libraries, Asian community services organizations, churches, cultural centers, senior centers health centers, hospitals and media outlets in the targeted areas.
Results:	As of the end of this subcontract, June 30, 2005, the web site contains 27 topics, with links to 327 pages of subtopics in English and each of the target Asian languages simultaneously, covering age groups from infant to senior; including resources for both male and female patient populations. The final versions of the user-friendly, PDF formatted *"Promotional Brochures and Flyers"* in each language were produced both in print form and made available online for printing on demand.
Recommendations:	The Library plans to pursue additional funding beginning in 2007. The aims of the new subcontract: 1. Maintaining, reviewing and expanding the resources available on SPIRAL by adding new patient information topics, and languages. 2. Developing partnerships with institutions that share the goal of promoting health literacy to Asian Americans whose first language is not English. 3. Searching and adding new resources created by the Medical schools of targeted Asian countries. 4. Searching and selecting new media formats for inclusion. 5. Promoting and publicizing the SPIRAL site to the physicians, health care providers, libraries, and communities serving the target populations [Abstract 256]

Presenter:	Pamela Jackson, MS
Title: **(Poster No.)** **Track 5**	Speaking with One Voice: The Intercultural Cancer Council (P-24)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. explain factors contributing to the unequal burden of cancer in minority and medically underserved communities. 2. identify national and regional resources to reduce cancer disparities. 3. utilize Intercultural Cancer Council resources to help reduce cancer disparities.
Issues:	U.S. minorities and the poor experience a disproportionate incidence of cancer morbidity and mortality, despite decreasing cancer mortality nationally.
Description:	Established in 1995, the Intercultural Cancer Council (ICC) is made up of cancer and minority health leaders representing all racial/ethnic minority groups, including the rural poor. “Speaking with One Voice,” they work together to reduce cancer incidence, morbidity, and mortality in minority and medically underserved populations.
Results:	The ICC National Board, advisors, collaborators, organizational and government liaisons include 160 people from 43 states and territories, representing 116 agencies, organizations, and institutions. The ICC National Network includes 11,000+ individuals and 300+ organizations. The ICC has (1) received a 5-year, multi-million dollar pharmaceutical industry grant to increase minority enrollment in clinical trials; (2) will convene the 10th Biennial Symposium on Minorities, the Medically Underserved & Cancer in April 2006 in Washington D.C.; (3) has developed regional leadership to engage its national mission; and (4) is engaged in a collaborative project to increase minority and medically underserved participation in state and territorial cancer plans.
Recommendations:	Everyone interested in reducing the unequal burden of cancer is invited to join the ICC National Network. Participants receive updates about national cancer initiatives. The Network also provides an opportunity for grass roots and national groups to “speak with one voice” to help inform federal and national policies for reducing the unequal burden of cancer. [Abstract 390]

Presenter:	Y. Jang
Title: (Poster No.) Track 1	Determinants of Health Care Utilization and Satisfaction with Service: A Study of Korean-American Older Adults (p-04)
Learning Objectives:	Upon completion of this presentation, the participant will be able to; 1. Understand descriptive characteristics of health, health care utilization, and satisfaction with service among Korean-American older adults. 2. Understand significant determinants of health, health care utilization, and satisfaction with service. 3. Understand culture-specific barriers/facilitators to health care among minority older adults.
Issues:	A substantial body of literature has reported unfavorable health outcomes among older adults across all minority groups in the United States. Throughout a wide range of health indicators, one source of health disparities may be disproportionate utilization of health services among racial/ethnic minorities. Given the urgent societal needs to eliminate racial/ethnic health disparities and to promote the quality of health services, the present study explored determinants of three health-related outcome variables, subjective perception of health, health care utilization, and satisfaction with health care service, using a sample of Korean-American older adults.
Description:	The present study assessed predictive models of subjective perception of health, health care utilization (hospital visits), and satisfaction with health care service using a sample of 230 Korean-American older adults (Mean age = 69.8; Range = 60 – 92). Predisposing characteristics (age, gender, and education), health needs (chronic conditions, functional disability, and number of sick days), and a variety of enabling factors (health insurance, English skills, transportation, living arrangement, trust in Western medicine, and reported experience of disrespect in medical settings) were included in the analyses.
Results:	After controlling for predisposing and need factors, health insurance coverage was found to be a significant enabling factor for hospital visits. Subjective perception of health was found to be significant not only for health care utilization but also for satisfaction with service. A greater likelihood of satisfaction was also observed among individuals with health insurance, better English-speaking ability, and greater trust in Western medical care. The reported experience of disrespect or discrimination in medical settings significantly reduced the odds of satisfaction with service.
Recommendations:	Our findings call attention to the issue of cultural competency among medical professionals. The adverse experiences of being treated unequally or with disrespect during patient-medical service provider interactions may lead to non-compliance with doctors' advice and follow-ups, and discourage help-seeking behaviours among disadvantaged populations. The findings highlight the importance of training medical professionals to be respectful and culturally sensitive when interacting with and delivering services to patients with diverse racial/ethnic backgrounds. [Abstract 321]

Presenter:	Jon Hotubbee Jeanie Jackson
Title: **(Poster No.)** **Track 5**	Do Drugs and Die The Effects Of Substance Abuse On The Heart (P-17)
Learning Objectives:	Participants will identify how community coalition's input can influence a change in the approach for which the program was established. Participants will identify the factors which validated the need to incorporate substance abuse education into the cardiovascular disease prevention program. Participants will recognize the innovative approach taken by the authors in responding to the identified needs of the rural communities.
Issues:	Track 5; Health Disparities the Lifespan Based on community survey assessments, substance abuse education was identified as the greatest need in the communities. Our challenge was to incorporate this need into the cardiovascular disease prevention program.
Description:	This program is driven by community participation and was originated to raise awareness of cardiovascular disease prevention. This is being accomplished by capacity building in many rural communities inside the area served which encompasses approximately fifteen thousand square miles.
Results:	Partnerships have been established with an epidemiology center, a university, and an independent evaluation team for data interpretation which validated the need to integrate substance abuse education and cardiovascular health. The authors were joined by the State Bureau of Investigation and a local area recovery center to promote the message to communities and schools that use of methamphetamines, ecstasy, inhalants, and other substances can have a devastating effect on the heart. A variety of PowerPoint presentations, posters, brochures and educational materials have been created and presented at many local and national events. Train the trainer sessions are hosted by the authors upon community request.
Recommendations:	The authors will continue to share their successful Community Action Plan both locally and nationally to help others develop a culturally competent health promotion and disease intervention strategy which addresses the effects of substance abuse in relation to cardiovascular health.(Abstract 41]

Presenter	Thomas Laveist, PhD
Title: (Poster No.) Track 5	Exploring Disparities in Integrated Communities: The EDIC Study (P-25)
Learning Objectives:	After reviewing this poster, conference participants will analyze the preliminary results of a unique study of health disparities within a racially integrated urban population where there are no racial differences in socioeconomic status and in environmental health risk exposures. After reviewing this poster, conference participants will identify how disparities in health services access differ from national estimates in this community. After reviewing this poster, conference participants will identify how disparities in psycho-social health risks differ from national estimates in this community.
Issues:	This poster will address the nature of health disparities without confounding of socioeconomic status or racial segregation.
Description:	The project is a community survey of 40% of the adults residing in two contiguous census tracts in a large urban center. The project used a community-based participatory approach to conduct a questionnaire-based face-to-face survey at respondent's homes and/or one of four community health-fairs organized by the project. The Authors replicated some questions from the National Health Interview Survey (NHIS) and the Medical Expenditure Panel Survey (MEPS). The Authors then match the sample with NHIS and MEPS to examine differences in health disparities in the sample compared with national estimates.
Results:	The preliminary findings show differences in the nature of health disparities when race differences in socioeconomic status and racial segregation are not present. In general, disparities tended to be smaller and, in some cases, The Authors found higher rates of negative health-related outcomes among low income inner-city whites. Thus, socioeconomic status and racial segregation account for a non-trivial portion of racial disparities, but they do not entirely explain disparities.
Recommendations:	These findings suggest that future research and public health program designed to address health disparities must properly account for socioeconomic status and racial segregation. [Abstract 395]

Presenter:	Ben Leong, Pre-Med Student
Title: (Poster No.) Track 1	The Role of Patient-Centered Care in Improving Diabetes Care for Ethnic Minorities (P-01)
Learning Objectives:	Upon completion of this presentation, participants will be able to… 1. Understand the quality of patient-provider communication for Vietnamese and Mexican Americans compared to white patients. 2. Evaluate predictors of high quality patient-provider communication in an ethnically diverse sample. 3. Understand whether the quality of patient-provider communication is related to diabetes outcomes (i.e., serum glucose, cholesterol, and blood pressure) in an ethnically diverse sample.
Issues:	Although growing evidence documents disparities in the quality of medical care received by ethnic and racial minorities in the U.S., much less is known about why those differences exist. Relatively little is known about whether the sources of differences in quality of care are unique to each ethnic/racial minority group, or whether there are some common mutable factors that can be addressed by appropriate health care policy research. Of the 32.5 million foreign born in the U.S., 26% are from Asia and 52% are from Latin America. The prevalence of Type 2 diabetes among Asian Americans and Latinos over age 50 is higher than the majority population and is growing. Asian Americans and Latinos also have higher rates of diabetes-related mortality and morbidities, such as end-stage renal disease, compared to whites. It is unclear whether these health disparities can be eliminated by improving patient-provider communication.
Description:	This study examines the quality of diabetes care (both process and outcomes) for Vietnamese and Mexican Americans, compared with non-Hispanic whites. Specifically, this study investigates: 1) the quality of patient-provider communication in a sample of diabetic patients, 2) the relationship between patient-provider communication and diabetes outcomes (i.e., serum glucose, cholesterol, and blood pressure). Patients seen at the clinics were administered a survey following routine office visits. Information concerning diabetes outcomes were abstracted from patients' medical records.
Results:	We will present preliminary results that will examine the effects of patient-doctor communication on the quality of diabetes care and diabetes outcomes.
Recommendations:	Applications to practice and policy implications will be discussed. [Abstract 31]

Presenter:	C. Long, MPH
Title: (Poster No.) Track 1	Eliminating Disparities in Adult Immunization: A Primary Care Public Health Partnership (P-05)
Learning Objectives:	Upon completion of this presentation participants will be able to: 1 List 3 vaccine barriers in primary care 2 Describe a model using external resources to improve quality in Federally Qualified Neighborhood Health Centers (FQCHC) and urban clinics 3 List three evidence based strategies to eliminate racial disparities in vaccine rates
Issues:	Track 1: Health Care Access, Utilization and Quality
Description:	Immunizations are crucial in control of communicable disease, but among seniors in our community, minority pneumococcal vaccine rates were much lower than for whites (Blacks= 42%, Whites= 75%.) Because Pneumococcal Polysaccharide Vaccine is best given in doctors' offices, the authors recruited 8 urban FQCHCs and hospital clinics to participate in a program to reduce disparities in immunization. Centrally supervised outreach workers used evidence based methods – Tracking, Reminder/Recall and Outreach (TRO) --to improve vaccine rates for 4299 patients, regardless of race. In 2003 and 2004 they tracked vaccine status for all patients ≥ 65 years, reminded physicians of needed vaccines by flagging patient records, reminded patients who needed vaccines, and reached out by telephone and personal visits to those who remained unvaccinated after missed opportunities.
Results:	At the end of the program PPV rates were 79% for Blacks and for Whites and 78% for both Hispanic seniors and those of other races/ethnicity.
Recommendations:	Health disparities can be eliminated using proven strategies to improve quality of care. TRO should be extended to improve vaccine rates in adults < age 65 with high-risk conditions. Health disparities can be eliminated only if we commit to a comprehensive, coherent system of providing preventive health services to all people. [Abstract 351]

Presenter:	Gengsheng Lu
Title: **(Poster No.)** **Track 5**	Improving Cardiovascular Health Among Chinese Americans Through a Multi-Faceted Community-Wide Campaign (P-23)
Learning Objectives:	Upon completion of this presentation, participants will be able to recognize cardiovascular disease as a prominent health issue affecting Chinese Americans. Upon completion of this presentation, participants will be able to identify the key components of a successful health promotion campaign. Upon completion of this presentation, participants will be able to summarize the benefits and challenges of collaborative partnerships as a health promotion strategy.
Issues:	Despite the rising rate of cardiovascular disease in Chinese Americans, there is a lack of awareness and knowledge by this group of the disease, resulting in poor lifestyles and ultimately major cardiovascular health disparities in Chinese Americans in the US.
Description:	The “You Are What You Eat” program was launched to promote heart healthy lifestyles through culturally and linguistically appropriate interventions for New York City’s Chinese American community. The one-year pilot program consisted of: increasing community awareness and education through health forums at various community-based organizations; preventing cardiovascular disease in high-risk senior citizens through multi-session workshops; promoting healthy food availability in the community by working with local eateries to create ‘Heart Healthy Menus’; and a social marketing campaign.
Results:	With all of the collective components, the program effectively delivered community-wide preventive education and helped senior citizens lower their risk for disease. There was increased awareness and knowledge, changes in attitudes and beliefs, and enhanced behavioral changes in the community. Due to the positive evaluation results, this model was expanded into a project funded by the USDHHS Office of Minority Health.
Recommendations:	A multi-faceted community-wide program is more effective in achieving desired health improvements compared to stand alone interventions singly focused on changing personal behaviour. A successful community collaborative partnership is key to strengthening and expanding the impact, resources, and assets of members to address health issues and gives additional leverage for accessing further funding to support efforts.[Abstract 371]

Presenter:	Maria R. Moreno, MPH
Title: **(Poster No.)** **Track 6**	A Process for Strategically Implementing Cultural Competence Activities in a Healthcare System. (P-26)
Learning Objectives:	Upon completion of this presentation participants will: Distinguish a strategic methodology to increase cultural competence activities. Demonstrate a system to comply with federal regulations with respect to dual role staff interpreters. Identify an approach to develop and disseminate culturally and linguistically appropriate education materials.
Issues:	In person medical interpreters are not consistently available and dual role staff interpreters lack training and bilingual competency evaluation, compromising needs of LEP patients. Translated patient education documents often lack quality control and translation efforts are many times duplicated resulting in increased costs. There was not a strategic framework to deliver culturally competent activities.
Description:	This hospital system organized a Cultural Competence Task Force to employ surveys of current language assistance resources and one that captured compliance with the Cultural and Linguistically Appropriate Services (CLAS) standards. Results were used to formulate an action plan, including a comprehensive cultural competence assessment.
Results:	Implemented staff competency evaluation sessions, based on a best practice model, with approximately 263 staff successfully evaluated to date. Selected a recommended vendor for translations and developed an online library for improved access. Cultural competence objectives were included in the 2005-07 organizational strategic plan. Parallel questions were asked in the 2005 employee opinion survey. A cultural competence toolkit was developed for managers. Partnered with a similar health organization to implement a cultural competence assessment and received executive sponsorship from each facility. Received funding from the California Endowment to expand and evaluate current language and cultural competence activities.
Recommendations:	Organize a task force. Identify best practices. Link activities to organizational strategic plan. Include cultural competence questions in employee opinion surveys and make resources available to managers. Implement cultural competence assessment to strategically guide activities. Look to external funding to enhance efforts. [Abstract 20]

Presenter:	Ronald Reid
Title: **(Poster No.)** **Track 5**	The Impact of Community-Based Screening on Populations at Risk for Developing Diabetes and Cardiovascular Disease (P-20)
Learning Objectives:	At the conclusion of this presentation, the participant will be able to: 1. Identify and describe partnerships that will assist in sustaining health promotion activities in an at risk population. 2. Identify resources needed to administer community screenings, recruit and retain volunteers 3. Determine best practices for promoting & evaluating community screenings.
Issues:	African Americans have an increased rate of undiagnosed cases of diabetes and cardiovascular disease in North Nashville than the general population of Caucasians residents in Davidson County. African Americans in North Nashville are less likely to obtain routine health screenings that increase awareness of disease, provide primary prevention and decrease the risk of long term complications thereby increasing their risk of disease. To address this burden, the Nashville REACH 2010 Screening Team developed a screening referral program to bring awareness of disease and reduce the high incidence of mortality among at risk North Nashville residents.
Description:	In an effort to alleviate the differences in health care among residents of North Nashville, the Nashville REACH 2010 Screening Team established a screening referral program to identify and monitor undiagnosed cases of diabetes and cardiovascular disease identified at health screenings. Initially, the Screening team identified resources that provided screening services to constituents and established partnerships. Partners were trained on the REACH 2010 goals and objectives, the knowledge regarding disease, the use of the screening equipment and on the follow-up referral protocol. Volunteers, i.e. community residents and students, were instrumental in the planning and implementation stages of the screening teams' interventions. In addition, the Screening team developed the screening assessment form to be used as an evaluation measurement tool for identifying cases of diabetes/CVD and analyzing data for follow up to at risk populations.
Results:	As a result of the Screening Team's collaborative efforts with partners, more than 200 volunteers have been trained as liaisons to the project providing equipment and supplies, performing testing, conducting follow up risk assessments, counselling high risk participants and providing referral services to the at risk population. Through community outreach initiatives over 700 residents have been screened annually and more than 30% have been referred to safety net providers for additional follow up care and/or counselling. Numerous individuals have been identified with elevated blood pressures, cholesterol and blood glucose levels and have been referred for appropriate treatment.
Recommend ations:	As part of the overall approach of REACH 2010 to reduce disparities among ethnic groups, the Screening team has been successful in bringing awareness to community residents and identifying cases of diabetes and cardiovascular disease. From this study, it was determined that general screening activities should not be undertaken in groups in which risk for disease development is relatively small. [Abstract 161]

Presenter	B.Y. Rice
Title: **(Poster No.)** **Track 3**	Developing a culturally sensitive and practically feasible evaluation model for minority specific health interventions (P-09)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe the process of developing an evaluation model specific to health promotion programs for ethnic minority populations. 2. Discuss key components of the evaluation model for ethnic minority populations. 3. Apply a culturally sensitive and practically feasible model to evaluate health interventions implemented for ethnic minority populations. 4. Identify health literacy issues that should be considered when developing and administering assessment tools for ethnic minority populations.
Issues:	This presentation will pertain to *Track 3: Data, Research, and Evaluation*. Since 1987 *The Ohio Commission for Minority Health* has been funding health promotion projects for ethnic minority groups related to cancer, cardiovascular disease, diabetes, hypertension, infant mortality, substance abuse and violence. However, reporting of outcomes from these projects has been a persistent problem due to wide variability in the type and depth of data reported by the grantees. The Commission identified a need to streamline the evaluation process, develop a model that is culturally sensitive and practically feasible, which could be adopted by all funded projects, thereby allowing for cross comparison between projects, and assisting in the formulation of overall conclusions.
Description:	After an extensive state-wide search a panel of six evaluators with expertise in working with minorities and in the area of program evaluation were selected. This panel was charged with developing a tailor-made evaluation model specific to projects serving minority populations and making recommendations for implementation. Several existing models such as the CIPP, PRECEDE-PROCEED, and those developed by CDC, Kellogg Foundation, and United Way were carefully examined. Based on this review, appraisal of the evaluation results from the projects funded since 1987, and the expertise of the evaluation panel, a culturally sensitive and practically feasible model that could be used in minority specific settings was developed.
Results:	Specific outcome measures pertaining to mortality/morbidity indicators, prevention behaviours, prevention activities, and antecedents of behaviours relating to the seven areas of focus were identified. Specific instruments with established validity and reliability were linked to each area of outcome indicators. Recommendations were developed in relation to five areas: (1) pre-proposal period (modifications to the RFP, technical guidance, pre-identified pool of evaluators, writing support); (2) proposal review process (technical guidance, developing weighted scores, involvement of evaluation professionals), (3) post award support (providing technical assistance), (4) grant period (annual technical meeting), and (5) end of grant review (developing clear guidelines).
Recommendations:	The evaluation model will be implemented beginning with grantees in the 2006-2007 funding cycle. The model offers great potential for streamlining data collection, data analysis, and reporting of evaluation results from the health promotion projects serving minority populations in the State of Ohio. The model contains many exportable components that will be replicable in other states for projects pertaining to ethnic minority populations. [Abstract 72]

Presenter:	S.L. Russell, PhD
Title: **(Poster No.)** **Track 3**	Socioeconomic Position and Dental Health: Pathways to Tooth Loss in Black and White Adults (P-10)
Learning Objectives:	At the conclusion of this presentation, participants will be able to describe a theoretical model of how socioeconomic position might influence tooth loss. At the conclusion of this presentation, participants will be able to compare the differences found between whites and Blacks in the pathways by which socioeconomic position affects tooth loss. At the conclusion of this presentation, participants will be able to identify potential reasons why pathways between socioeconomic position and tooth loss might vary between white and Black adult Americans.
Issues:	Issues addressed in this study included differences between whites and Blacks in how socioeconomic position might affect dental health and disease. The major goal of this study was to identify pathways by which socioeconomic position affects tooth loss in Americans age 18-64 and to determine if pathways vary by race.
Description:	6,814 black and white dentate Americans age 18-64 who were examined as part of NHANES III were included in this analysis. Path analysis, using an *a priori* model (based on Adler 1993), explored relationships among variables that proposed to explain the relationship between socioeconomic position and tooth loss. Explanatory variables for tooth loss included 1) socioeconomic position (income, education, occupation), 2) dental care (access, frequency), 3) psychosocial factors (food insufficiency, social support, marital status), and 4) dental health damaging behaviors (smoking and diet). Models were controlled for demographic and medical factors that potentially confound the relationship between socioeconomic position and tooth loss, including sex, age and diabetes. A path model for each race was created, and the models compared.
Results:	Path analysis revealed that socioeconomic position was directly related to tooth loss for both races; this relationship was more than twice as strong for whites than for blacks (robust beta = 0.24 vs. 0.10). In addition, for both white and black models, socioeconomic position was related to dental care and to smoking, and smoking was related to dental care. Indirect effects of socioeconomic position on tooth loss were evident through dental care and smoking for whites but not for blacks.
Recommendations:	These results demonstrate that mechanisms by which socioeconomic position affects tooth loss are likely to vary by race, and that the pathways by which socioeconomic position affect dental health require more investigation, especially among black Americans. Racial and socioeconomic position differences in dental health are profound and require attention, and efforts towards elucidation of mechanisms by which racial categorization and socioeconomic position affect dental disease are crucial towards reduction of disparities in dental health by race and by socioeconomic position. [Abstract 177]

Presenter:	D.G. Schlundt, PhD
Title: **(Poster No.)** **Track 3**	A Web-Based Tool for Process Evaluation of Community Based Participatory Research (P-11)
Learning Objectives:	By the end of this presentation, participants will be able to: 1. Describe the need for process evaluation of community-based participatory research studies. 2. Discuss how the web-based tool is structured and what its capabilities are for recording and tracking data. 3. Describe how this tool has been used to evaluate a REACH 2010 project.
Issues:	REACH 2010 is a CDC initiative to reduce health disparities in Ethnic Minorities. Nashville, Tennessee is focused on reducing disparities in heart disease and diabetes among the African American population of North Nashville by improving access to quality care, screening for undiagnosed disease, attacking tobacco use, and promoting healthy lifestyles. The methodology involves teams that work directly with the community as well as empowering existing community resources to take action. Evaluation of a study like this requires collection and analysis of both process and outcomes data. The development and use of a web-based tool for the collection and analysis of process data is presented.
Description:	A web-based tool that tracks the process of implementing a community-based participatory research study was developed and implemented. The tool uses a series of forms to capture events. Anyone working with the project can enter and view data.
Results:	A web-based system was developed to track process and intermediate outcomes. The author will present data from the first 5 years showing planning activities, community actions, and capacity building. Between September 2000, when process data collection was implemented, and September 2005, 7,318 forms were entered. Capacity building is documented by recording community resources (n=336) which include government agencies (n=45), not-for-profits (n=192), for profit businesses (n=71), and grass organizations (n=10) and by registering individual volunteers and participants (n=2,674). Documentation also included 1,779 meetings, 1,265 community events, 57 systems changes, and 154 instances of media coverage. An interactive report generator allows instant feedback to the intervention teams, program director, and steering committee.
Recommendations:	The web system has been successfully used to document a wide range of resources and activities associated with the Nashville REACH 2010 project and may be useful in evaluation other community-based interventions. The tool allows diverse participants in a community-based participatory research project document their activities and accomplishments into a central database using a simple web-interface. [Abstract 253]

Presenter:	A.H. Strelnick, MD
Title: (Poster No.) Track 5	Peer Educator-Led Family Discussion Groups to Reduce Cardiovascular & Diabetes Risk Factors & Health Disparities in the South Bronx: A Pilot Study (P-21)
Learning Objectives:	Upon completion of this presentation, participants will be able 1) describe the role of peer education in reducing health disparities; 2) interpret the impact of peer education on the peer educators themselves & on the high risk individuals & family members in their discussion groups; and 3) formulate opportunities for application of peer education to reduce health disparities in their own clinical & public health settings.
Issues:	Mortality rates from heart disease, stroke, and diabetes are alarmingly high in impoverished minority communities. The South Bronx, especially, has suffered “excess deaths” when compared to the rest of New York City’s population. The reduction of risk in these communities for these health problems largely involve life style and behavior modifications (e.g., weight loss, smoking cessation, increased exercise, dietary changes, and adherence to medication regimens) which are under the control of patients but very difficult to achieve and sustain. A successful approach to providing health information and motivation for behavior change has been to recruit community members with the target condition and train them as “peer” educators and community health outreach workers.
Description:	The long-term aim of this project is to conduct a randomised, controlled clinical trial of the use of peer educators to provide the necessary education and support to people with high risk profiles for these health problems to alter their risk profiles and to reduce the frequencies of adverse health events. To build toward that goal, the authors conducted a two year study to determine the effectiveness and feasibility of this type of intervention for cardiovascular and diabetes risk factors among South Bronx residents with two or more risk factors for heart disease, stroke, and/or diabetes, i.e., history of heart disease or stroke, angina. hypertension, dyslipidemia, smoking, obesity, diabetes, congestive heart failure, etc.
Results:	A total of 29 peer educators completed a previously pilot-tested heart disease and diabetes curriculum (5 hours/day x 4 days/week x 8 weeks=160 hours) in two cohorts. They led four family discussion groups (5 sessions @ 75 minutes each) with a total of 22 patients and 23 family members participating. Among the 45 participants 73% were female, 76% Black and, 24% Hispanic. A pre- and post-test was given of heart disease and diabetes knowledge; peer educators, patients, and family members all increased their knowledge from baseline by statistically significant amounts ($p<0.01$). Consistent reductions in weight, systolic and diastolic blood pressure, glucose, cholesterol, and depression were also found, but these did not reach statistical significance.
Recommendations:	Peers, patients, and family members demonstrated statistically significant improvements of knowledge about heart disease & diabetes after their training and discussion groups. They also demonstrated modest improvements in weight, glucose, cholesterol, diastolic and systolic blood pressure, and depression after short-term follow-up. A randomised clinical trial should be designed to more rigorously test this promising approach to risk reduction among patients with multiple risk factors for heart disease & diabetes in low income, low literacy communities. Such a trial should include a larger sample size, longer follow-up, and on-going support groups to sustain initial gains. Peer educators & families provide a low cost, culturally- and linguistically-competent approach to risk reduction. [Abstract 230]

Presenter:	M.K. Yehieli, DrPH, MPH
Title: **(Poster No.)** **Track 2**	Strategic Planning to Increase Minority Health Providers: An Assessment of Barriers and Opportunities within a Low-Resource, Rural State (P-07)
Learning Objectives	Upon completion of this presentation, participants will be able to: 1. Understand the need for increasing minorities in the health professions; 2. Recognize the unique challenges to establishing a diverse health workforce within low-resource, rural states; and 3. Learn of specific policies, programs, and strategies that can be promoted by such states to address the national shortage of minority health professionals.
Issues:	Numerous documents, such as the Institute of Medicine's Report on Unequal Treatment (2002) have called for increasing the presence of minorities in the health professions as an important strategy to reduce the nation's health disparities. However, these groups remain "missing persons" in these vital professions (Sullivan Commission, 2004). This lack of ethnic diversity persists among providers, despite the rapid demographic changes that are occurring in the United States. For example, minorities currently comprise approximately 25% of the population in the United States, but make up only 9% of nurses, 6% of doctors, and 4% of dentists. Low-resource rural states are often more racially homogenous and have even greater challenges to diversifying their health workforce.
Description:	The presentation describes a statewide needs assessment conducted by the Iowa EXPORT Center of Excellence on Health Disparities, as commissioned by the Iowa Department of Public Health, to identify programmatic, financial, organizational, and other resources and barriers to increasing minorities in the health workforce. Overall, 104 agencies and organizations involved in health worker recruitment, training, hiring, and/or retention participated in the telephone assessment, including 40 public and private universities; 20 two-year schools, such as community colleges and allied health programs; and 44 related organizations such as licensure boards, professional health associations, and foundations.
Results:	Results of the study were mixed. Most health training organizations had an awareness and understanding of the need to increase minority professionals in the state, but generally had few ideas or projects to address the need. Those institutions that were conducting minority training programs were usually supported in their efforts only by short-term, external funding, and few organizations had an on-going, stated, written plan to increase minority trainees. Also, only 5% of agencies contacted in the state had formal academic pipeline programs with minority serving high schools or post-secondary institutions. Few minority mentoring programs existed at worksites or training institutions, and responsibility for retention was generally placed on the minority providers themselves.
Recommendations:	As a result of the barriers that were identified through the needs assessment, the Iowa EXPORT Center developed a statewide strategic plan to increase minorities in the health professions. The document included identification of a) categories of health workers and special populations that could benefit from the plan; b) stakeholders to serve in an advisory capacity; c) potential academic, language, and minority pipeline partners; d) priority activities and cost estimates for strategies; e) changes in curriculum; and f) policy changes to support the plan in the state. The Iowa EXPORT Center and the Workforce Planning Office of the Iowa Department of Public Health are currently working to implement this strategic plan, which could serve as a model for other rural states. [Abstract 337]

Presenter:	R.G. Younge, MD
Title: (Poster No.) Track 4	The New York City E-clinician Project: Using Personal Digital Assistants and Wireless Internet Access to Support Emergency Preparedness and Enhance Clinical Care in Community Health Centers (P-16)
Learning Objectives:	At the conclusion of the presentation, the participants will: 1) recognize ways that wireless personal digital assistants and wireless internet access can enhance emergency preparedness in underserved communities, 2) be able to identify evidence-based personal digital assistant clinical decision support tools that can be used in Community Health Centers and other settings in underserved areas, 3) describe ways that personal digital assistants might be used in Community Health Center practices and other settings to reduce disparities in chronic care and preventive services delivery, 4) be able to develop measures to assess clinical outcome improvement resulting from the use of personal digital assistants.
Issues:	Community Health Centers serve minority, economically disadvantaged neighbourhoods that experience disparities in preventive, acute and chronic care services. The New York City Department of Health and Mental Hygiene recognized a need to provide clinicians working in Community Health Centers with up-to-date public health information to support emergency preparedness. Evidence based guidelines for the personal digital assistants support Department of Health "Take Care New York" public health priorities: increased access to primary care, cardiovascular risk reduction, increased HIV status awareness, depression diagnosis and treatment, substance abuse treatment, cancer screening, immunizations, lead poisoning prevention and prenatal care.
Description:	The New York City Department of Health and Mental Hygiene, The Community Health Care Association of New York State and Clinical Directors Network are collaborating on the "**eClinician Project**," which has distributed five hundred public health-friendly, wireless (WiFi) enabled Personal Digital Assistants to primary care clinicians working in New York City, federally funded, Community Health Centers which serve minority underserved communities that suffer a disproportionate burden of chronic disease and lack access to health promotion disease prevention services. Each participating Health Center also received a wireless router to create an onsite internet hot spot to enable clinicians to have internet access.
Results:	The goals of the eClinician Project are to: 1) enhance access to information on emergency preparedness 2) improve patient outcomes by providing PDA-based clinical decision-support tools that support evidence-based care, 3) encourage chronic care management and health promotion/disease prevention activities, and 4) increase productivity and efficiency. Health Center clinicians received a hands-on, on-site orientation to PDAs. Ongoing training continues via online CME-accredited webcasts. Clinical decision-support tools are available for download via the eClinician web portal. Public health alerts can be delivered to the PDAs and to the clinicians' desktop computers.
Recommendations:	The authors conducted a knowledge, attitude and practice survey before the personal digital assistants were distributed to the Community Health Centers. The survey is being repeated to evaluate the extent to which clinicians incorporate the PDA into their practices. In the future, practice level clinical outcome measures will be developed to assess the extent to which the personal digital assistants support the "Take Care New York" program objectives: increased access to a medical home, reduced smoking, better blood pressure control, cholesterol reduction, weight reduction, increased HIV testing, depression diagnosis and treatment, alcohol and drug abuse treatment, colon, cervical and breast cancer screening, immunizations, lead poisoning prevention and prenatal care. [Abstract 69]

Presenter:	H.J. Zeitz, MD
Title: (Poster No.) Track 2	Process and Content Evaluation of the Implementation of a Seminar to Improve Medical Student Cultural Proficiency in Providing Patient Care (P-06)
Learning Objectives:	1. Upon completion of this presentation participants will be able to list the topical content areas that were included in the seminar; 2. Upon completion of this presentation participants will be able to explain the role of educational technologies in the seminar; 3. Upon completion of this presentation participants will be able to list 5 process and content improvement issues identified during seminar evaluation.
Issues:	Culturally appropriate communication is increasingly important to health professionals seeking to resolve health disparities. This poster will present the content and process evaluation of a third year medical school curriculum intervention aimed at improving and providing training in, culturally proficient patient care.
Description:	A 12 session seminar series focusing on improving cultural proficiency and awareness of third year medical students was developed and evaluated at a regional campus of a Midwestern medical school. A problem/activity based seminar was developed by a multidisciplinary, multicultural faculty team. Video conferencing was used for 7 sessions, which allowed simultaneous visual and audio communication between 3 primary care clinics (two urban, one rural) and the main campus. Case studies and video segments were presented and then discussed first locally and between the four locations. Blackboard distance learning software allowed for non-synchronous discussion group activities for the other 5 sessions.
Results:	Evaluation indicated the following: 1) active support exists for education about cultural issues impacting patient care; 2) the cultural issues addressed in this seminar should be provided earlier; 3) opportunities for more in person interaction in small groups would be a better format; 4) the education offered on this topic during the M3 year should be focused on specific patient care; and 5) increase the diversity of cultural issues and examples.
Recommendations:	Faculty should expect to continuously evaluate and modify cultural proficiency curricula to prepare health professions students for diverse workforce and patient care environments. [Abstract 226]

Oral Poster Presentation Abstract and Presenters

Thomas A. Arcury, PhD

Thomas A. Arcury is professor of family and community medicine at Wake Forest University. He is a medical anthropologist and health educator who has directed research and intervention projects on the environmental and occupational health of agricultural workers, including African American farmers and Latino farm workers, which have focused on pesticide exposure, green tobacco sickness, skin disease, housing, food insecurity, and oral health. He is also involved in a project to improve the health of Latino poultry processing workers. Finally, he has participated in a series of studies on the health of rural older adults that have focused on nutrition, diabetes, oral health, and the use of complementary and alternative medicine.

Carol M. Baldwin, PhD, RN, HNC

Carol Baldwin is Associate Professor and Southwest Borderlands Scholar at the Arizona State University College of Nursing. A goal of the campus-wide Southwest Borderlands Initiative is to reduce the health disparities that exist in Arizona and along its Borders. She has been a co-investigator on the 10-year long NHLBI Sleep Heart Health Study, focusing on ethnicity, gender, quality of life and sleep. She has also studied stroke and diabetes risk in Mexican American veterans. Carol Baldwin is co-author on a recent publication that describes associations between short sleep time and diabetes. She recently implemented a Web site with bilingual information on Latino culture and health information for faculty, student, and community audiences as a means of disseminating health promotion and cultural competency materials via cyberspace.

L.N. Borrell, PhD

PhD/ 2001	University of Michigan, Ann Arbor, MI , Epidemiology
DDS/ 1994	Columbia University, NY, NY, Dentistry
MPH/ 1994	Columbia University, NY, NY, Public Health

Amy Brown

MPH, 2004, Yale University School of Public Health, New Haven, CT, Health Policy & Administration BA, 2002, Smith College, Northampton, MA, Biology

Mary E. Brown, MD

Mary Brown is a general internist on the faculty of the University Of Illinois College Of Medicine at Rockford. Her clinical practice is located at a federally qualified neighborhood health center serving low income and uninsured patients. Her research interests include: 1) reduction and elimination of health disparities; and 2) strategies to implement effective chronic disease management. Dr. Brown has a special interest in effective communication between health care professionals and adults with low health literacy.

Mark Colomb, PhD

Mark Columb has over 20 years in administrative and program experience. He holds a bachelors degree in sociology from Northwestern State University, several masters degrees and a PhD in administration from Jackson State University. He received post-doctoral training in Public Health from Tulane University School of Public Health and Tropical Medicine. He served as Deputy Director for the Division of STD/HIV at the Mississippi State Department of Health and most recently as Director of the Mississippi Urban Research Center at Jackson State University. Dr. Colomb is a Certified Research Administrator.

Jill Davison, MPH

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Oral Poster Presentation Abstract and Presenters

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BA, 2001, University of Puget Sound, Tacoma, WA, Psychology
MPH, 2003, George Washington University, Washington, DC, Epidemiology/Biostatistics

Taleria R. Fuller, PhD
Taleria R. Fuller is an ORISE HIV Prevention Research Fellow at the Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention, Division of HIV/AIDS Prevention, Capacity Building Branch. As a fellow, she conducts HIV-related research focused on women and adolescents and provides support with the diffusion and evaluation of HIV prevention interventions designed for minority women. Prior to her current position, she conducted health disparities research on adolescent sexual health, maternal and child health, and cancer at Morehouse School of Medicine in Atlanta, GA.

Wilfred Y. Fujimoto, MD
Wilfred Y. Fujimoto, is Professor Emeritus of Internal Medicine (Endocrinology and Metabolism) at the University of Washington in Seattle where he was Director of the Cell and Tissue Core Facility of the Diabetes Endocrinology Research Center, Associate Director of the Clinical Nutrition Research Unit, Attending Physician at the University of Washington Medical Center, and Principal Investigator of the Japanese American Community Diabetes Study prior to his retirement in October 2001. Currently residing in Kailua-Kona, Hawaii, since his retirement, he continues as co-investigator in the "Diabetes Prevention Program Outcomes Study" and the "Japanese American Community Diabetes Study" at the University of Washington, Visiting Professor at Jichi Medical School-Omiya Medical Center in Japan, and co-investigator in "SEARCH for Diabetes in Youth" and "Genetic Determinants of Human Hypertension" at the Pacific Health Research Institute in Honolulu. He serves on a number of advisory boards and committees, e.g, for "Project EXPORT" at the University of Hawaii John A. Burns School of Medicine, for the American Diabetes Association (ADA)-Hawaii, the National Diabetes Education Program Asian American and Pacific Islander Workgroup, and ADA's Asian and Pacific American Diabetes Action Council. Dr. Fujimoto received both his undergraduate and medical degrees from Johns Hopkins University in Baltimore, Maryland. He has published over 475 papers and abstracts on the etiology and pathogenesis of type 2 diabetes, cardiovascular disease, and obesity, and received numerous awards and recognition for his contributions to this field, including the ADA lifetime achievement award in 2001.

Maya Guendelman
Maya Guendelman is currently a Psychology student at Stanford University. She is interning at the Office of Minority Health, Office of Public Health and Science, Department of Health and Human Services. She was previously a Public Health Summer Fellow at the Centers for Disease Control. She chairs the Education Committee of Stanford's March of Dimes chapter, and is a Research Assistant in Stanford's Department of Psychology and Stanford Prevention Research Center.

N. Guzman, MD
Dr. Guzman received a medical degree from Ponce School of Medicine, Ponce, Puerto Rico. In addition, Dr. Guzman has an Internal Medicine Residency Damas Hospital, Ponce, Puerto Rico and a Diplomate ABIM 2000 Infectious Diseases fellow 2004-present.

G. Hampton
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Oral Poster Presentation Abstract and Presenters

Cora Ho, MLS
Cora C. Ho, MLS, the Deputy Director of Tufts University Hirsh Health Sciences Library, received her MLS in 1971 from the Graduate School of Library Sciences of the University of Washington, Seattle, Washington. A native Mandarin Chinese language speaker, Ms. Ho graduated with a BA in 1963 from TamKang College of Arts & Sciences of Taipei, Taiwan, Republic of China. Ms. Ho has been involved in many professional organization activities; serving on various committees for the National Network of Libraries of Medicine/New England Region (NN/LM NER), North Atlantic Health Sciences Libraries (NAHSL), and the Medical Library Association (MLA). Ms. Ho is the Co-PI on the National Library of Medicine project, Selected Patient Information Resources in Asian Languages (SPIRAL).

Jon Hotubbee, CADC, Community Coordinator, Choctaw Nation
Jon Hotubbee is a CADC Certified Alcohol and Drug Counselor. He received a certification as a Child Care Worker from the University of Oklahoma and is a certified Substance Abuse Subtle Screening Inventory (SASSI) and is certified as an Addiction Severity Index (ASI). He spent ten years in Child Care and four years at the Choctaw Nation Recovery Center as the clinical supervisor in Substance Abuse Treatment. He also worked one year as a Mental Health Counselor for the diabetics and is a certified insulin pump trainer. He helped start a smoking cessation course at the Choctaw Nation.

Co-Presenter: Jeanie Jackson, Community Resource Technician, Choctaw Nation
Jeanie Jackson joined the REACH 2010 Cardiovascular Core Capacity Building Program for the Choctaw Nation as a Community Resource Technician. Her goal is to help all Native American people better understand the resources that are available to them inside the Choctaw Nation.

Pamela M. Jackson, MS
Pamela M. Jackson is the Director of the Intercultural Cancer Council (ICC) Outreach Programs and the ICC National Network at Baylor College of Medicine. Ms. Jackson is a faculty member and instructor in the Department of Medicine. The Intercultural Cancer Council (ICC) promotes policies, program, partnerships, and research to eliminate the unequal burden of cancer among racial and ethnic minorities and medically underserved populations in the United Sates and its associated territories. The council's membership is comprised of major non-profit health organizations, survivors, and advocates for racial and ethnic and medically underserved communities, who support the ICC motto, "Speaking With One Voice." As part of the planning committee for the Biennial Symposium Series that started in 1987, Ms. Jackson developed the Cancer Education Resources Program and the Student Mentoring Program. Prior to her current position, she served as the SW Regional Director of the NCI National Black Leadership Initiative on Cancer at The University of Texas, MD Anderson Cancer Center from 1989-1995. Ms. Jackson has been appointed to numerous national committees of the Centers for Disease Control and professional associations, and served on numerous national boards, including The Susan G. Komen Breast Cancer Foundation. She received her undergraduate degree from Central State University in Ohio and her graduate degree from Long Island University in New York.

Thomas Laveist, PhD
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Oral Poster Presentation Abstract and Presenters

Ben Leong, Pre-Med Student
Ben Leong is currently a pre-med undergraduate student at the University of California, Irvine. Last summer he was an intern at the DHHS Office of Minority Health. Ben is currently interested in examining the impact of patient-centered care on subjective and objective outcomes in diabetic patients.

C. Long, MPH
MPH, 1992, University of Rochester, Rochester NY, Epidemiology

Gengsheng Lu
Gengsheng Lu has had experiences in community health education program planning and evaluation, community needs assessment and outreach. She is currently serving as the coordinator of Chinese American Healthy Heart Coalition. She also participated in various research initiatives studying health disparities in Chinese American communities

Maria R. Moreno, MPH
Maria R. Moreno is a health services researcher at Sutter Health who received a Masters in Public Health from Columbia University and an undergraduate degree from Brown University. Most recently, she worked at the Centers for Disease Control and Prevention (CDC) in the Cardiovascular Health Branch assessing hypertension-related mortality among Latinos nationwide. She collaborated on studies in health care access among low-income minorities utilizing the ED in NYC Hospitals, assisted writing the Latino Health Scan proposal for RWJF, organized and taught prenatal classes for LEP patients in East Denver, partnered with clinicians to provide minority health care access through a Family Van Program in urban Providence, designed a health education bi-lingual program for border town (Mexico and Texas), and taught Spanish health education classes in collaboration with medical students in the Dominican Republic.

Ronald Reid
Ronald Reid is the Community Outreach Worker for the Nashville REACH 2010 Screening Team. He is committed to eliminating health disparities in the North Nashville community.

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S.L. Russell, PhD
S.L. Russell has a PhD, Yale University, New Haven, CT, epidemiology MPH, University of Connecticut, Farmington, CT, Public Health DDS, Baltimore College of Dental Surgery, Baltimore, MD, Dentistry BA, Middlebury College, Middlebury, VT, English/German Literature

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Oral Poster Presentation Abstract and Presenters

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Richard Younge, MD
Dr. Younge received his medical degree in 1977 from the University of California, San Francisco. He is the chair of the Clinical Directors Network Board of Directors. He is board certified in Family Medicine and General Preventive Medicine. He practices in the Bronx in a primary practice affiliated with the AECOM.

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National Summit Abstracts

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Title & Number:	Racial/Ethnic Differences In Barriers To Mental Health Care: An Analysis Of Stigma And Mistrust (5)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Compare the strength of stigmatizing attitudes towards mental illness across three racial/ethnic groups. 2. Identify labels applied during the stigmatization process and assess which stereotypes are salient for specific racial/ethnic groups. 3. Evaluate how healthcare system mistrust erects barriers to mental health service use.
Issues:	This research aims to understand stigma as a nuanced barrier to care that, while universal in some regards, poses different challenges for distinct racial/ethnic groups. Furthermore, while mistrust in political, educational and business domains has been found to negatively effect the evaluation and use of services, this study directly assesses mistrust of the healthcare system via a new measure and explores its impact on service use.
Description:	314 Black, Asian and White undergraduates participated in a vignette experiment that assessed the roles that stigma and mistrust play in reducing voluntary, outpatient service use. Participants were randomized to receive one of four vignettes, one of which described a person suffering from Major Depressive Disorder. Attitudes toward the individuals described, the participants' health seeking behaviours, and level of mistrust of various institutions were assessed.
Results:	Results indicate that while across all vignette conditions Asian Americans are more likely to desire social distance and evaluate the targets more negatively than Blacks or Whites, Blacks in the sample were more stigmatizing of the depressed target than would be expected based on their appraisals of the individuals described in the other vignettes. Furthermore, mistrust of the healthcare system led to a significant reduction in the odds ratio of service use for Black, but not for Asian, participants. However, over 10% of Asians endorsed healthcare mistrust.
Recommendations:	Future studies should look at nationally representative samples and systematically explore which aspects of mental illness stereotypes should be targeted for community-based anti-stigma interventions. In addition, mistrust and scepticism of the healthcare system should be explored in all minority groups, as it may be a heretofore-ignored barrier to care in non-African-American communities.
Notes:	

Title & Number:	Identifying Primary HIV Incident Infection Among African American MSM: A Social Marketing Campaign (11)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. List symptoms most commonly associated with primary HIV infection. 2. Identify three reasons detection of primary HIV infection is an important public health concern as it relates to African American MSM. 3. List components of culturally competent social marketing design for African American MSM.
Issues:	This abstract addresses the need to create effective culturally competent social marketing campaigns to promote early HIV testing among African American MSM. African American MSM are difficult to reach. These men are disproportionately represented in HIV/AIDS cases and are more likely to test later in HIV disease and have poor HIV outcomes. African Americans represent almost half of all new AIDS cases in the United States. The rate of new AIDS cases in Los Angeles is higher among African American men than among any other racial group. In a recent CDC study 46% of African American men who have sex with men were HIV positive and made up 64% of those who did not know their HIV status.
Description:	The project is a social marketing campaign created specifically for African American MSM to promote HIV testing during the primary stage of HIV infection. The campaign: • Describes high-risk sexual behavior for HIV infection. • Informs community of symptoms of primary HIV infection. • Identifies required testing to identify primary HIV infection. • Provides referral number to local doctor who will test for primary HIV.
Results:	Through the collaboration with local African American MSM gatekeepers, the project staff were able to: • Gather information on most appropriate language and images necessary to create an effective campaign. • Create a culturally competent program respectful of the social patterns and norms of African American MSM • Distribute material to venues men would be less embarrassed and more likely to receive messages and “pick-up” health related material specific to their needs as African American MSM
Recommendations:	There should be more research on African American MSM’s: • Social patterns and norms • Health care needs, and the public health outreach strategies that will ensure the greatest number of these men from varying backgrounds—gay, down low, same gender loving, etc.-- are tested for HIV in early stage of disease.
Notes:	

Title & Number:	Mutual Respect In Healthcare: Assessing Cultural Competence For The Interdisciplinary Health Sciences (12)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe an interdisciplinary health sciences program to infuse cultural competency; 2. Analyze pre/post survey results for assessment of the learning outcomes for cultural competence; 3. Compare and contrast learning outcomes and areas that must be further addressed in future cultural competence training in the health sciences.
Issues:	Health care providers must respond through enhanced cultural competence, to meet the challenges of providing health care in a multicultural world. The authors initiated an interdisciplinary education program, Cultural Competency & Mutual Respect in Healthcare (CCMR), for physical therapy (PT) and occupational therapy (OT), medicine (MED), nursing (NSG), and pharmacy (Pharm). The purpose of this study was to assess the CCMR pre/post learning outcomes through the Inventory for Assessing the Process of Cultural Competence-Revised (IAPCC-R) which includes five constructs, cultural: awareness, knowledge, skill, encounters and desire (Campina-Bacote, 2003).
Description:	Interdisciplinary Health Sciences students volunteered as subjects and completed informed consent procedures of the IRB approved study. Participants included: 100 MED, 140 NSG, 36 PT, 11 OT and 53 Pharm. The IAPCC-R for pre/post evaluations was completed by 263 students in Fall, 2003 and 48 students in Spring, 2004. Control data was collected from 36 PT and 100 MED students. The design was a pre/post test learning outcomes study using the 25-item IAPCC-R to assess cultural competency of students.
Results:	Overall pre versus post mean scores were as follows: 2003: 69.75 & 71.62 (n = 263); 2004: 66.77 & 71.85 (n = 48). Paired t test 2003: MED t=-3.1976 P>t= 0.0020; Nurs t=0.5196 P>t = 0.6064/; PT t=-4.7181 P>t=0.0000; 2004: Pharm t=-3.7861 P>t=0.0006; All other t=-1.7392 P>t=0.1425. Two sample t-test, significant only for post-module only for Hispanic/Asian/Other, 77.50, White, Non-Hispanic 70.37, p=0.0086. Results indicate PT, MED, PHARM scores were significant in the constructs of attitudes, knowledge, and skills; but not encounters and desires. OT achieved pre-test scores equivalent to post test scores for PT and MED; but did not complete CCMR due to curricular integration. Nursing elected a split CCMR training and this may have adversely affected outcomes.
Recommendations:	The IAPCC-R results indicate that the interdisciplinary health sciences students are becoming more culturally aware, progressing toward competence, as a result of participation in the training; however, not yet achieving cultural proficiency. All post-test scores indicated progressions approaching cultural competency, however not yet culturally proficient. Those with ethnicity of Hispanic/Asian/Other outpaced the White/Non-Hispanic in IAPCC-R mean scores; there was no significant difference in terms of gender and competency scores. As a result of this study, the constructs of cultural desire and interaction need to be further addressed. Revision of the training is indicated to enhance these two constructs and progress towards cultural proficiency.

Title & Number:	Strides Among State Health Agencies to Improve Birth Outcomes (13)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify reasons for increases in infant mortality over the past few years 2. List several state health department programs that focus on improving birth outcomes and reducing racial and ethnic disparities 3. Identify resources on programs that address improving birth outcomes and reducing health disparities.
Issues:	This Project addresses improving birth outcomes, including reducing infant mortality, among high-risk groups.
Description:	ASTHO will present findings from its publication, Strides Among State Health Agencies to Improve Birth Outcomes.* This project highlights innovative state health department programs that seek to improve birth outcomes and that focus on eliminating racial and ethnic disparities. ASTHO surveyed state health agencies to identify model programs, policies, and practices that address infant mortality and that focus on racial or ethnic health disparities. These programs were compiled into a single compendium of programs. The presentation will summarize themes identified by state health agencies and will highlight several programs. The presentation will also highlight select federal, state, local and organizational resources that focus on the elimination of racial and ethnic health disparities.
Results:	This Project resulted in publication of a compendium of 31 programs. Strategies states are using to improve birth outcomes include: access to prenatal care, prematurity prevention, establishing state infant mortality plans, birth defects prevention, home visiting programs, perinatal education programs, injury prevention, oral health services, tobacco cessation, and HIV prevention programs.
Recommendations:	State health agencies are pursuing a variety of strategies to improve birth outcomes. Resources must continue to be available and evaluation efforts must be strengthened in order to share what is working. ASTHO will continue to analyze and highlight effective state practices in order to assist states nest target resources to reduce infant mortality and address health disparities.
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Title & Number:	African Americans and Hypertension: A Training Guide for Health Care Providers (15)
Learning Objectives:	Upon completion of this presentation, the participant will be able to: 1. Follow routine standards of care no matter the culture of the patient 2. Demonstrate willingness and ability to seek out education to improve their understanding and effectiveness in working with culturally different populations 3. Identify and list the advantages of cultural diversity in their work place
Issues:	Barriers to normalizing blood pressure (BP) in African Americans have been largely attributed to biologic and social factors, with an inadequate focus on the role of medical management. A key obstacle is the failure of medical providers to treat hypertension (HTN) early and to continue treating HTN persistently to reach and maintain an appropriate target BP. There is a perception that it is more difficult to lower African American's BP medically. This misconception may lower providers' outcome expectancy leading to inadequate treatment in the high-risk patient. Undiagnosed, untreated and inadequately treated HTN results in disastrous results for African Americans, leading to death and morbidity related to cardiovascular disease and stroke.
Description:	This educational initiative is designed to help health care providers become more confident in communicating and treating patients of differing cultures. The program consists of a self-administered computer program that allows the participants to interact with case vignettes of minority actors simulating patients with conditions identified as US health disparities in minorities. This presentation will specifically focus on African Americans and hypertension. This demonstration is designed with the hope of encouraging healthcare providers to practice giving the best therapy they can for their patients
Results:	When presented to health care professionals (n=45), positive verbal and written feedback was given about the usefulness of the program in diversity training programs.
Recommendations:	Recommendations for the future would be to continue to develop educational programs for other medical conditions linked to health disparities using diverse populations such as Asian, Hispanic, and Native Americans in addition to African Americans. Other recommendations would be to develop or search for evaluation tools to test the efficacy of the program.
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Title:	Racial/Ethnic Differences in Unmet Need for Vision Care Among Children With Special Healthcare Needs (CSHCN) (17)
Learning Objectives:	Upon completion of this presentation, participants will be able to explain racial/ethnic differences in unmet need for vision care among CSHCN. Upon completion of this presentation, participants will be able to summarize the potential for health providers and educators to identify CSHCN needing vision care. Upon completion of this presentation, participants will be able to identify the importance of Medicaid and the State Children's Health Insurance program to the vision-related health of CSHCN.
Issues:	This study examined racial/ethnic differences in unmet need for vision care among children with special healthcare needs (CSHCN). Although racial/ethnic disparities in access to vision care have been documented among non-special needs children, there is little information available on unmet need for vision care among minority CSHCN.
Description:	The authors examined data from the National Survey of CSHCN, a cross-sectional survey of U.S. households with children under age 18, on 14,070 CSHCN who needed eyeglasses or vision care in the previous year. The outcome measure was unmet need for vision care. Children who did not receive all the eyeglasses or vision care they needed were considered to have unmet need for vision care. Multivariate logistic regression analysis was used to estimate the independent association of race/ethnicity with unmet need, and odds ratios and 95% confidence intervals were calculated.
Results:	Results showed that 6% of the sample, representing approximately 198,600 CSHCN in the U.S., had unmet need for vision care. Rates of unmet need across the seven racial/ethnic groups studied ranged from 3% to 15%. Relative to whites, children of African American, Latino, and multiracial backgrounds had approximately twice the adjusted risk of unmet need, whereas American Indian/Alaskan Native children had lower adjusted risk. Healthcare providers, school personnel, and insurance coverage also contributed to differences in the risk of unmet need, independently of child race/ethnicity.
Recommendations:	Further research is needed to explain and address the causes of racial/ethnic differences in unmet need for vision care among CSHCN in the U.S.

Title & Number:	Determining language proficiency and training requirements for health care interpreters (23)
Learning Objectives:	Demonstrate the need for language proficiency testing of all bilingual individuals prior to enrollment in health care interpreter training; explain the basic modules to be included in a training curriculum; and assess the need for professional development for interpreters including continuing education, networking opportunities, and mental health support. At the end of the presentation, participants will be introduced to challenges that are faced by health care interpreters and identify the role of testing, training and support in promoting quality interpretations.
Issues:	Health care interpreting has yet to be recognized as an allied health profession, thus there is a lack of federal and state guidelines for the screening and training standards. It is a common practice at health care facilities to utilize bilingual staff to assist in interpretation and translation duties but research has shown that untrained interpreters can commit substantial errors. Even as providers begin to recognize the vital role interpreters play in facilitating communication, many are confused about the minimum training requirements for interpreters.
Description:	The purpose of this Health Care Interpreter Survey is to understand the ways in which current interpreters are trained and supported in their work. This information will be used to improve the preparation and support of health care interpreters in the future. The survey was developed with feedback from focus groups of interpreters, trainers, and managers of interpreting departments at hospitals. The authors also assembled an advisory group made up of national experts.
Results:	The survey is awaiting IRB approval. It will be administered on-line throughout the state via linkages with interpreting associations, interpreting departments, and language banks. The survey will be administered in September and data will be analyzed in November 2005.
Recommendations:	Results will reflect the direct experiences of working interpreters, and play an important role in guiding the future requirements for the certification of health care interpreters.
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Title & Number:	Preventing and Controlling Sexually Transmitted Diseases Among American Indians and Alaska Natives (24)
Learning Objectives:	At the end of this session, participants will be able to: 1. Describe the burden of STDs among AI/AN 2. List at least four common STD prevention and control strategies in the U.S. 3. Identify at least three innovative STD prevention and control strategies occurring in Indian Country
Issues:	STDs are a tremendous health and economic burden on people in the U.S., with about 19 million new cases of STDs occurring each year. On a national level, rates many STDs have declined over the past decade; however, disparities exist for certain ethnic and racial groups. Among American Indians and Alaska Natives (AI/ANs), STDs are reported at rates up to six times higher when compared to whites.
Description:	The Indian Health Service (IHS) National STD Program is a joint partnership between the IHS Division of Epidemiology and the Centers for Disease Control and Prevention (CDC) Division of STD Prevention (DSTD). Through collaborations with IHS, Tribal, and Urban Indian Health Programs (I/T/U), the IHS National STD Program supports the development and implementation of culturally appropriate STD interventions throughout Indian Country.
Results:	Many IHS and tribal health programs across Indian Country are addressing the challenge of STD prevention and control using innovative methods. Multi-disciplinary STD summits, school-based screening, jail-based screening, and social marketing campaigns, are just a few of the strategies that will be described in this session.
Recommendations:	To address persistent health disparities among AI/AN, IHS and tribal health programs must continue to develop and implement innovative, effective, and culturally appropriate STD prevention and control strategies. Partnering with relevant public and private organizations and governmental agencies will strengthen the response to this challenge.
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Title & Number:	Delivering a Comprehensive Model of Care to American Indians of North Carolina (25)
Learning Objective:	Participants will be able to differentiate health disparities that exist for American Indians and to relate the factors of cultural competence, values, and government recognition of American Indians to an appropriate health care model.
Issues:	American Indians continue to experience lower life expectancies and significant rates of many chronic and acute diseases prompting the need for an appropriate model of care to alleviate health care disparities for American Indians.
Description:	An appropriate model of care requires a basic understanding of cultural competence by providers and those responsible for designing models of care for the community. Additionally, understanding the differences between health care provided to a federally recognized versus a state recognized tribe is crucial. An analysis of existing models of care throughout the country was performed to provide a recommended model of care tailored for North Carolina American Indians.
Results:	The proposed model of care for the American Indians population in North Carolina will allow for healthcare issues to be addressed within a cultural context and within the parameters that constitute state and community limitations. Gathering from research on diverse populations and established models of care throughout the nation, the model presents a direction toward which North Carolina local health units can move to better meet the healthcare needs of the American Indian population. The collaborative efforts between the Task Force, state officials, and local communities will make possible the integration of such a model.
Recommendations:	After recommending a model of care for the American Indian local service units across North Carolina, there are further recommendations for consideration. The American Indian Health Task Force should remain in tact after legislative successes are secured to serve as a guiding body for implementation, possibly providing the skeletal structure for a statewide Indian health board. In addition, on-going evaluation of the Task Force, its members and its projects, should occur to measure progress and achievement of established goals. Finally, North Carolina healthcare professionals should seek available resources to continue their cultural competence training on an ongoing basis.
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Title:	The Effect Of Race, Primary Language, And Educational Level On Comprehension And Satisfaction With The Informed Consent Process (30)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Distinguish the effects of primary language, race, and educational level on comprehension of the informed consent process 2. Identify common misconceptions about research participation among persons of low literacy 3. Identify sources of dissatisfaction with the informed consent process among persons of low literacy
Issues:	Obtaining the informed consent of participants is an ethical imperative for the many types of clinical and epidemiological research. However, there is little information on the effect of race, primary language, and educational level on comprehension and satisfaction with the informed consent process; most studies have been among English-speaking, well-educated research participants.
Description:	The authors surveyed adults who had enrolled 3-90 days previously in one of several ongoing studies requiring written informed consent. Comprehension and satisfaction with the informed consent process were assessed using, the Informed Consent and Authorization Assessment Tool, a self-administered survey written at the 5th grade level and translated into Spanish and Vietnamese.
Results:	100 participants completed the survey; 60 also completed an assessment of health literacy. Most participants were non-White, 43% had less than a high school education, and most had a primary language other than English (Spanish – 40%, Vietnamese – 20%). The median comprehension score was 62% (interquartile range 50 – 76%); the median satisfaction score was 86% (interquartile range 71 – 100%). In univariate analysis, persons with a lower educational level or lower health literacy, those having a primary language other than English, or non-White race had both lower comprehension and satisfaction scores. In multivariate analysis, only educational level was significantly associated with comprehension ($p < 0.001$) and satisfaction ($p = 0.001$) with the informed consent process.
Recommendations:	Comprehension and satisfaction with the informed consent process were markedly decreased among persons with lower health literacy and educational levels. Interventions are needed to improve the informed consent process for persons with lower education levels; our revised survey can be used to evaluate such interventions.
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Title & Number:	Responding To Latino HIV/AIDS Related Health Disparities (32)
Learning Objectives:	Upon completion of this presentation participants will be able to: 1. Explain the importance of public health and community partnerships in developing initiatives and collaborations to address and reduce HIV/AIDS related prevention and care health disparities in Latino communities. 2. Articulate HIV/AIDS health disparities issues impacting Latinos 3. Identify potential strategies to implement in their jurisdiction that seeks to develop and initiate programs and policy initiatives that mitigate Latino HIV/AIDS related health disparities.
Issues:	Midway through the third decade of HIV/AIDS, this epidemic continues to be one of the greatest health threats impacting Latino communities in the United States. HIV/AIDS continues to create many challenges for Latinos living in the United States, Latin America and the Caribbean. Latinos are the second racial/ethnic group highly impacted by HIV/AIDS in the United States. Latinos who represent 14% of the US population accounted for 20% of estimated AIDS cases diagnosed in 2003. In the United States HIV infection rates for Latinos continues to increase. This is evidenced in a November 2003 Morbidity and Mortality Weekly Report (MMWR) publication, where the Centers for Disease Control and Prevention revealed that the rates of HIV infection increased by 26.2%.
Description:	In 2004, a HIV/AIDS Latino Leaders Advisory Committee was convened. The role of the committee is to bring forth the voices of the Latino community and local county health department leadership in an advisory role to the state's AIDS program. It provides a forum for the Latino community to collaborate with the state's AIDS program in developing HIV/AIDS prevention and treatment public policy, programs and leadership initiatives. The committee has been meeting for a year and has developed strategies and recommendations in addressing HIV/AIDS in Latino community. The strategies and recommendations are summarized in a call to action to be released on October 15, 2005 during National Latino AIDS Awareness Day.
Results:	This initiative has resulted in the following outcomes: • A statewide committee that address and develops Latino HIV/AIDS program and policy recommendations. • Implementation of recommendations (e.g. state-wide Latino HIV/AIDS coordinator, changes to how social marketing messages are developed; increase counselling and testing; community mobilization and leadership development activities etc.) • A call to action for community and business leaders, public health, federal partners, elected official and key stakeholders. • On-going dialogue and collaboration with the state's AIDS program.
Recommendations:	Jurisdictions with large and emerging Latino populations play a unique and critical role in addressing HIV/AIDS in Latino communities. Public Health and community based organizations in these areas have an opportunity to be a leader in the national discourse on HIV/AIDS issues impacting Latinos and a role model in developing innovative program and policy initiatives. Such endeavours will require continued collaboration and willingness of public health, community based organizations and the private sector. Community providers, public health officials, Latino Leaders and constituents have a responsibility to continue to identify and develop programs and policy initiatives that address the challenges of HIV/AIDS among Latino Community in the US.

Title & Number:	The Effects of Minority Leadership and Management Training in Turbulent Times (34).
Learning Objectives:	1. Upon the completion of this presentation, participants will be able to describe how Emerging Leaders in Public Health Fellows learn critical skills in crisis management in the areas of Finance, Communications, and Human Resources. 2. Upon the completion of this presentation participants will be able to identify how distance education strategies can support leadership development, including mentoring, of minority participants. 3. Upon the completion of this presentation participants will be able to distinguish a multifaceted learning experience for diverse public health professionals.
Issues:	The goal of this presentation is to describe the Managing in turbulent times: Emerging Leaders Fellowship program, experiences of the participants, recruiting and administration of an innovative fellowship program to target minorities in crisis leadership and management. The demand for the program reflects the need for a program of this kind that targets minority Public Health leaders at all levels of experience.
Description:	In 2003, three organizations partnered to offer a “Managing in Turbulent Times: Emerging Leaders in Public Health” fellowship program. The design of the fellowship was to focus on critical skills necessary to lead and manage through times of crisis. Skill-based training in crisis situations included Finances, Human Resources, and Communications. This nine month intensive program specifically targeted four historically under-represented minority groups: African American (AA), American Indian/ Alaskan Native (AI/ AN), Asian American and Latino (L). The pilot program graduated a total of 32 fellows from an applicant pool of 120. Our second year has begun with an applicant pool of 330 and acceptance of 54 fellows.
Results:	The fellowship graduated 32 fellows who were able to apply the program to their professional workforce. The cohort gained applicable knowledge to build skills in Human Resources, Finances, and Communications. Course development capitalized on adult learning principles, translating structures within minority communities, and creating effective experiential distance based learning intervention. Fellows were tracked and many received promotions after the graduation of the program. The alumni’s value of the program proved to triple recruitment efforts along with our lost cost recruiting and marketing efforts.
Recommendations:	Some future issues could include lack of funding or not enough funding to accommodate the growing numbers of qualified minority applicants, also a lack of main stream support from department heads or supervisors not understanding the critical elements of a program geared for minority leaders in Public Health.

Title & Number:	Dimensions of Patient-Provider Trust Among Individuals with End-Stage Renal Disease (46)
Learning Objectives:	Following this presentation the participants will be able to: 1. Identify the dimensions of trust in patient-provider relationships. 2. Describe end-stage renal disease (ESRD) patients' perceptions of trust. 3. Identify variables associated with ESRD patients' trust in their physicians and nurse coordinators.
Issues:	Health disparities related to the provision of, and access to, healthcare in the United States are documented across racial and ethnic groups. Provider and patient behaviors including trust have been implicated as potential contributors to the disparities in healthcare among patients with end-stage renal disease (ESRD). The literature identifies five dimensions of trust: competence, compassion, control, communication and confidentiality.
Description:	This descriptive, cross-sectional, mixed methods study examines perceptions of trust among patients in the kidney transplant process. Patients are enrolled who are: 1) currently on dialysis, 2) on the transplantation waiting list receiving dialysis; 3) on the transplantation waiting list not receiving dialysis; 4) newly transplanted ≤ one year and 5) patients transplanted for greater than one year. Demographic variables, Trust in Physician Scale (TPS); Trust in Nurse Scale (TNS), Patient Trust Scale (PTS) and open-ended questions related to trust and provision of care and information are examined. To date, 102 patients with ESRD, 56 males, 46 females, with a mean age 50.8 (SD±14.9) have been enrolled.
Results:	Bivariate correlation coefficients and analyses of variance were calculated. There is a significant difference in TPS scores by sex (p =.01) and race (p=.05). Women (43.6; +/- SD 7.8) and Blacks (45.6; +/- SD 6.3) or those who describe their race as "other" (37.0; +/- SD 9.8) score lowest on the TPS. TNS scores differ by sex (p=.02) and transplantation process (p = .03). Patients on the waitlist with no dialysis (40.5; +/- SD 8.8) and those on dialysis alone (43.3; +/- SD 6.4) score lowest on the TNS. Qualitative data support the five dimensions of trust.
Recommendations:	Providing patients with confidentiality and a sense of control while optimizing provider communication, competence, and compassion may ultimately impact health outcomes for ESRD patients who are at varying stages of the transplant process.
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Title & Number:	Evaluating REACH 2010: Charleston and Georgetown Diabetes Coalition's Efforts to Decrease Amputations in African American Males (47)
Learning Objectives:	At the conclusion of this presentation, the participant will be able to: 1. Examine the problems related to lower extremity amputations in African Americans with diabetes. 2. Identify actions used by one Coalition to effectively reduce lower extremity amputations. 3. Explore methods for data collection and evaluation of activities and health outcomes.
Issues:	REACH 2010: Charleston and Georgetown Diabetes Coalition is a community-based coalition focused on reducing disparities for African Americans with diabetes. During the initial planning year for the Coalition, amputations in African Americans were identified as a major community concern and were supported by health status data. Only about half of African Americans with diabetes who visited their health care provider had documentation of a foot exam in their medical record. Amputations in African American males were 79.1 per 1000 diabetes hospitalizations, more than twice the rates of all others.
Description:	The Coalition selected decreasing amputations for African American males as one of the priorities for action. The plan and implementation included 1) community education related to the problem and ways to decrease the problem of amputations; 2) health professional and systems education and improvement related to foot exams; 3) community clinics to provide foot care demonstrations; and 4) surveillance and community feedback related to progress. The REACH 2010 logic model was used to design and evaluate Coalition activities.
Results:	All plans were implemented with excellent response and ownership by churches, local community groups, and health systems (although community member participation was sometimes limited). Foot exams for all patients in health systems improved from 49% to 74%. Amputations in African American males decreased from 79 per 1000 diabetes hospitalizations in 1999 to 33 in 2002. There was no increase in outpatient amputations that would affect results. REACH-IN and REACH logic model provided an excellent framework for evaluation.
Recommendations:	Future goals of the Coalition include maintaining this decrease and eliminating racial disparities related to diabetes for African Americans. Coalition actions include continued outreach to community members, health systems education, and ongoing quality improvement for the Coalition.
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Title & Number:	Growing an Organic Model for CBPR: the Weaving an Islander Network for Cancer Awareness, Research and Training (WINCART) Network (48)
Authors:	MA Foo, Orange County Asian Pacific Islander Community Alliance, Garden Grove, CA; SP Tanjasiri, CSU, Fullerton, Fullerton, CA; PH Palmer, University of Southern California, Los Angeles, CA; R Hahn, University of Southern California, Los Angeles, CA; A Sripipatana, UCLA, Los Angeles, CA; J Tran, OCAPICA, Garden Grove, CA; D Kuratani, CSU, Fullerton, Fullerton, CA
Learning Objectives:	1. Upon completion of this presentation, participants will be able to: 2. Distinguish between the components of community based participatory research 3. Understand how CBPR relates to health disparities efforts in multiethnic populations 4. Identify the organic approaches to CBPR that will be tested as part of the WINCART Network model to reduce cancer health disparities among Pacific Islanders in Southern California
Issues:	The cancer control needs of Pacific Islanders are enormous, but very little is known about their epidemiological risks and needs, prevention and screening behaviours, and survivorship experiences and services – particularly for smaller ethnic groups such as Chamorros, Tongans, and Marshallese. Available selected data point to high incidence rates for both cancer onset and mortality (such as lung cancer among Native Hawaiians and Samoans), low rates of breast and cervical cancer screening, and high-risk behaviours (particularly tobacco use and obesity). The cancer health disparities between Pacific Islanders and mainstream populations are exacerbated by the lack of data (that is disaggregated and have appropriate sample sizes for analyses), suspected miscoding of ethnic identifiers in cancer registry data, significant gaps in linguistically and culturally tailored educational materials and interventions, and lack of Pacific Islander researchers to spearhead research and advocacy efforts.
Description:	Weaving an Islander Network for Cancer Awareness, Research and Training in Southern California (WINCART) is a network of community-based groups and interdisciplinary researchers with a common goal to reduce cancer disparities among Pacific Islanders groups in Southern California. This will be achieved through the development, implementation and evaluation of a participatory research collaborative of 6 community-based organizations and 4 universities to 1) promote cancer awareness, prevention, screening and treatment, and 2) enhance research into, and training of representative scientists for, the effective prevention and control strategies that reduce the gap in health services for Pacific Islanders. WINCART uses a Freirian community-based participatory research (CBPR) approach, including: co-participation from community and researchers in all aspects of network planning, commitment to long-term community capacity building, joint leadership on all research proposals and publication, and joint ownership of all data.
Results:	Freire states that education should transform power relationships, and proposes conscientization as a dialogic process whereby participants constantly engage in question posing, action, and reflection. In our work, cultural identity and social relationships form the basis of these processes. WINCART's network was funded by NCI, initiated community-training efforts, and developed a network-wide needs assessment plan.

Recommendations:	Health disparities continue to exist for many racial and ethnic populations in the U.S. While CBPR approaches are increasing in popularity, the literature is still underdeveloped about theoretical and programmatic components of CBPR processes. We hope to share our experiences with WINCART's problem posing, action and reflection activities – as well as the research methods that are developed to capture the processes and outcomes on cancer health disparities—in order to expand the CBPR knowledge base for not only the elimination of ethnic/racial health disparities, but development of empowered communities that can change the landscape of power and participation in the U.S.

Title & Number:	Reducing HIV in African American Women--Diffusing SISTA (51)
Learning Objectives:	Upon completion of this workshop, participants will be able to: 1. Identify and discuss how the history of black women's sexuality has implications for HIV risk behavior. 2. Identify and describe the five sessions of the SISTA intervention. 3. Identify and describe the seven core elements of the SISTA intervention. 4. Participate in role-playing exercises that are included in the SISTA intervention.
Issues:	Race and gender are not indicators for HIV/AIDS, however, this disease disproportionately impacts African American women. Although representing 13% of the U.S. female population, African Americans comprised 67% of AIDS cases among women in 2003. The Population Resource Center indicated that 55% of the Black population resides in the south. This is salient because the majority of reported AIDS cases for adult and adolescent females occur in African American women residing in the south.
Description:	To reduce this health disparity, the CDC nationally diffused a gender and culturally appropriate HIV Prevention intervention for African American women. An 18-month pilot project involving 12 cities and the District of Columbia served as the initial phase of the diffusion efforts. It laid the foundation for a large-scale national diffusion strategy, which allowed for more than 600 persons representing 46 states, the U.S. Virgin Islands and Puerto Rico to be trained to implement the intervention. The current workshop will provide an overview of the SISTA Project developed by DiClemente & Wingood. It is an HIV prevention intervention designed to empower African American women and reduce HIV transmission. Its diffusion will lead to a national reduction of HIV.
Results:	The SISTA intervention has received positive evaluations with over 600 persons trained. Its popularity is reflected in the demand for training, with approximately 750 more requests. Regional training is being coordinated to address this demand.
Recommendations:	The national dissemination has far-reaching potential to decrease HIV transmission. It is recommended that this intervention continue to be disseminated with fidelity to the core elements.
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Title & Number:	Successful REACH Project to Increase Pap Testing among Vietnamese American Women (52)
Authors:	T Nguyen, TT Nguyen, S McPhee, G Gildengorin, C Wong, K Lai, TN Luong, N Bui-Tong, TH Iaconis, and H. Lam, University of California, San Francisco, CA
Learning Objectives:	Upon completion of this workshop, participants will be able to: 1. Discuss the incidence of cervical cancer rate of Pap test receipt among Vietnamese American women 2. Discuss the principles of community-based participatory research (CBPR) and how it has increased Pap testing.
Issues:	Vietnamese American women have the highest rate of cervical cancer in the U.S. and low rates of Pap test receipt. A Vietnamese Coalition developed a Community Action Plan (CAP) to increase Pap testing for Vietnamese women in Santa Clara County (SCC), CA.
Description:	The Coalition conducted a controlled trial of an intervention to increase Pap test receipt and build community capacity among Vietnamese American women. The Action Plan had 6 components to address barriers to Pap tests: a Vietnamese language media campaign, lay health worker outreach (LHWO), Vietnamese Pap clinic, Pap test reminders, continuing medical education for Vietnamese physicians and efforts to restore a Breast and Cervical Cancer Control Program. Evaluation involved cross-sectional telephone surveys of Vietnamese women in SCC (intervention community) and Harris County, TX (control community) (n=1,566 in 2000 and n=2,009 in 2004, overall response rate 56%).
Results:	From pre- to post-intervention, more women had heard of the Pap test in the intervention (76% to 94%, $p<0.001$) vs. control community (72% to 67%, $p<0.05$). Receipt of Pap testing increased significantly in SCC (77% to 84%, $p<0.001$), vs Harris County (74% to 71%, p=NS). Currency of Pap testing also increased in SCC (64.9% to 70.4%, $p<0.05$) vs Harris (59.1% to 53.1%, $p>0.05$). In multivariate analyses, the intervention had a significant effect on both receipt (OR 2.02; CI 1.37, 2.99) and currency (OR 1.67, CI 1.19, 2.34) of Pap tests. CBPR outcome measures included successful system change in restoring a BCCCP program for low-income women, capacity building, and sustainability of the intervention through media contracts and successful grant applications.
Recommendations:	CBPR was effective among Vietnamese Americans in increasing cervical cancer screening. Extensive community involvement was integral to the success of the project.
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Title & Number:	The Consumer Health Resource Information Service (CHRIS) Program: A Faith-based Approach To Addressing Minority Health Disparities Through Consumer Health Communication (53)
Learning Objectives:	1. Upon completion of this presentation, participants will be able to: 2. Facilitate the establishment and/or enhancement of infrastructures to enable health ministries to effectively address minority health disparities through a range of consumer health communication tools. 3. Develop, implement, and/or strengthen new or existing health ministries to proactively disseminate consumer health information through various mediums. 4. Assess the preliminary outcomes of an implemented CHRIS program using the formative evaluation process.
Issues:	Racial and ethnic minorities experience serious disparities in health access and outcomes in six key areas as defined by the nation's Healthy People initiative. These are cancer, cardiovascular disease, diabetes, HIV/AIDS, immunizations, and infant mortality. This calls for the development of culturally appropriate, community-based programs that increase awareness of these issues and foster promotion of healthier lifestyles.
Description:	The CHRIS Program, developed by the Oak Ridge Institute for Science and Education, is a faith-based, consumer health communication initiative that has been successfully implemented in African American and Hispanic communities in the Knoxville, Tennessee area with the support of the National Library of Medicine. A key component is training of program coordinators (parish nurses, health educators, and/or lay persons) to access consumer health information from NLM online databases and other quality Internet sources.
Results:	Preliminary outcome measures among CHRIS Program participants indicate an increase in awareness of health issues that disproportionately affect minorities, and positive lifestyle and behavioural changes.
Recommendations:	The recommendation is to replicate the CHRIS Program on a national level.
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Title & Number:	National and State Policies to Provide and Fund Language Services in Healthcare Settings (55)
Learning Objectives:	Upon completion of this presentation participants will be able to: 1. Engage policymakers in improving language access and quality healthcare for LEP individuals at the federal and state level. 2. Identify the 13 states that currently provide for Medicaid reimbursement for language services and the methods utilized. 3. Extrapolate potential methods of initiating reimbursement in participants' states.
Issues:	Over 22 million (8.4 % of the population) speak English less than "very well," and for medical purposes may be considered LEP. Providing language services is critical to ensuring the provision of quality healthcare as poor communication between patient and provider can lead to substandard health care due to inaccurate or incomplete information. Language barriers can also increase the cost of care.
Description:	At the national level, a coalition of interested stakeholders – including healthcare providers, advocates, language companies, interpreters, and accrediting organizations – has been working in a collaborative effort to envision and foster a health care delivery system that would better respond to the increasing diversity of our nation. In addition, many states have begun providing assistance to healthcare providers to meet the needs of LEP individuals, including reimbursing language services for Medicaid patients.
Results:	The national coalition has resulted in development of a Statement of Principles, a National Resource Guide for providers (forthcoming), and legislative language to increase funding and resources for language services. The Principles recognize that the ultimate goal in the health care setting is effective communication between provider and patient through a variety of approaches. Over the past few years, 3 states have begun reimbursing for language services and other states have begun discussions on development of interpreter training and certification standards. States have also enacted new laws requiring language services.
Recommendations:	Additional stakeholders should engage on the federal and state level to improve resources and funding for language services. Federal, state and local governments and health care insurers should establish and fund mechanisms through which appropriate language services are available. Language services should be available as a matter of course, and all stakeholders – including government agencies that fund, administer or oversee health care programs – must be accountable for providing or facilitating the provision of those services.
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Title & Number:	Creating a Community Plan to Address Medical Translation and Interpretation (56)
Authors:	TJ McDowell and K Boesch, Community Health Endowment of Lincoln, Lincoln, NE
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify the demographic and healthcare issues in a mid-sized, midwestern city that led a local foundation to collaborate with a non-profit coalition to address medical translation and interpretation issues. 2. Describe the process used to gather community-wide perception and data about medical translation and interpretation issues. 3. Identify the eight specific action strategies this community is implementing to address medical translation and interpretation services.
Issues:	Fifty-seven primary languages are spoken in this community of 225,000 residents. The language diversity of the community presents significant challenges in assuring that all residents receive high quality healthcare services.
Description:	This project is an innovative collaboration between a local funder and a non-profit coalition to improve medical translation and interpretation services. The local funder and coalition worked in partnership to gather community perception and data about medical translation and interpretation, identify strategies to address the challenges, and facilitate a leadership group to implement the action strategies.
Results:	The partnership of a community funder and a non-profit coalition has resulted in an innovative and successful approach to assessing and addressing medical translation and interpretation issues in this community. The local funder and non-profit coalition have convened a Medical Translation and Interpretation Leadership Group (composed of a diverse group of stakeholders, including representatives from healthcare providers, educational institutions, interpreters, funders, and policy advocates) to provide ongoing oversight and direction.
Recommendations:	Communities should look to funders for more than financial resources, but as partners in convening stakeholders around key issues. A community MTI plan should consider the broad scope of healthcare services, being careful to include representatives from medicine, dental care, pharmacy, mental health, and emergency medical services.
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Title:	Disagreement Of Patient And Physician Perceptions Concerning The Same Primary Care Encounter (57)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. List some potential sources of health care disparities 2. Assess the potential role of the clinical encounter in health care disparities 3. Summarize differing patient and physician views within the same clinical setting
Issues:	Clinical encounters have been postulated as one source of healthcare disparities. Prior work has shown physicians' perceptions of patients to be negatively affected by race and that minorities perceive more bias in health care encounters. Less is known about the perceptions of physicians and patients in an established primary care setting. The concordance of physicians' views of patients and the patient perceptions of how they are viewed and treated is not well described.
Description:	The CCTOP study is a multi-center cross-sectional survey of physicians and their patients in the primary care setting. A 76-item survey was administered to patients regarding their views on the treatment by and attitudes of their primary care physician. Additionally, following each patient visit, the physician was completed a 14-item survey regarding their views of the patient. Questions included views on the patient's demeanor, intelligence, and adherence to medical treatment. Responses were dichotomized for bivariate analyses in STATA.
Results:	We present preliminary results from 250 matched patient-physician surveys. Two hundred and ninety-one patients (203 women; 88 men) had seen the physician at least twice before the survey. The mean age was 56 years. Forty-four percent of patients reported their race as Black (B), 29% White (W), 24% Hispanic (H), and 3% other. 250 physicians were surveyed (57% W, 6% B, 10% H, 14% Asian and 13% other). Physicians rated their minority and non-minority patients equally on being pleasant and cooperative. Physicians viewed Black and Hispanics as more rational than whites (93% B, 93% H, 82% W, p=0.045) and as possessing more self-control than whites (89% B, 92% H, 77% W, p=0031). Blacks and whites were reported as equally intelligent and Hispanics more intelligent (82% B, 83% W, 98% H, p=0.018). All patients were scored likely to adhere to medical treatment. Patients felt their doctor viewed them equally as intelligent. Black patients felt they were treated with less courtesy and respect by their doctor than whites or Hispanics (22%B, 11% H, 8% W, p=0.005). Hispanics and blacks felt their doctor did not care for them as much as their white counterparts (22% H, 13% B, 8% W, p=0.013). Blacks and Hispanics thought their doctor did not listen to them (11% B, 7% H, 1% W, p=0.012). Overall more blacks and Hispanics felt they received poor care than whites (22% B, 12% H, 5% W, p=0.005). There was no significant difference among patients regardless of ethnicity in the feeling that their doctor would tell them if a mistake was made, or in their preference that the MD is of the same race. All ethnic groups report following their doctor's advice.
Recommendations:	Despite physicians rating their minority patients equal to or better than their white patients in multiple personality traits, the minority patients felt they received inferior care from these doctors. Perhaps the factors that contribute to health care disparities and patient's feelings of bias arise in experiences outside the primary care encounter and are independent of the visit itself. Also the variance in physician and patient answers suggest that the effects of prejudice on patients' interactions are not well recognized by physicians. More in depth study of physician behavior and patient's reactions is needed to exclude the primary care encounter as a source of health disparities.

Title & Number:	Effect of Medical Education and Life Experiences on the Cultural Competence of Physicians (58)
Learning Objectives:	By the end of this session, participants will be able to: 1. Compare the cultural competence performance of physicians based on different timing of cultural competence training. 2. Summarize cultural competence performance based on diverse life experiences. 3. Discuss optimal timing of physician training and the possible implications on Medical School admissions and diverse physician workforce.
Issues:	The 2002 Institute of Medicine Report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care", recommended cultural competence training as a means of improving health care disparities among minorities. Currently, most U.S. medical schools provide some form of cultural competency curriculum for their medical students, although the type and amount vary considerably. There is no current consensus on the best way to teach cultural competence, as outcomes data on these curricular interventions have not been performed.
Description:	The CCTOP study (Cultural Competency Training and Outcomes in Patients) is a multicenter, cross-sectional study of patients' and their physicians' attitudes regarding culture, bias, and healthcare. Cultural competence was scored using the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals (IAPCC), a validated scale (Campinha –Bacote, 1999). In addition to the IAPCC, physicians were asked questions of specific cultural knowledge, attitudes, and life experiences/demographics. There are plans to survey approximately 250 physicians and 500 of their patients.
Results:	One hundred and thirty physicians (83 residents, 47 attendings) participated in the survey. Results from the IAPCC dichotomized the respondents into "culturally competent" (higher scores) and "culturally aware" (lower scores). Bivariate analysis revealed that cultural competence was significantly associated with receiving training in third year of medical school (p=.02), training received post-residency (p= .02), and having traveled outside of the U.S. for greater than one month (p=.10), and trends toward significance were seen in respondents who served in the military (p= .07), and were female (p= .08). Cultural competence was not associated with training received in the first two years of medical education, race of physician (p=.80), socioeconomic status in childhood (p=.94), or being born outside the U.S. (p=.59).
Recommendations:	Although fewer physicians were exposed to cultural competence training beyond the first two years of training, those exposed in third year and post-residency were more culturally competent as tested by the IAPCC. These data are preliminary, but the findings may impact the design and focus of cultural competency curricula in medical and graduate medical education. Future research should focus on other determinants of cultural competence, including whether certain life experiences impact cultural competence as much or more than curricular interventions.
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Title & Number:	The Disparities Project: Action Plan For Addressing Racial And Ethnic Disparities (59)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify systematic processes of addressing major health and non-health factors that limit provision and utilization of health services. 2. Use the Task Force Blueprint recommendations as a model for improving access to quality health services for minorities. 3. Utilize hospital-specific methodology for reducing racial and ethnic health disparities.
Issues:	Recommendations from the Disparities Project highlight that joint efforts from government, business, hospitals, and community are needed for the city to increase health care access and improve utilization and quality for minorities.
Description:	The Disparities Project is a citywide effort led by the health department and the Mayor's Office. It includes a comprehensive data report of health disparities among residents, recommendations specific to local hospitals, and recommendations from industry and community leaders that engage multiple sectors in addressing inequalities in health. This is the most far-reaching project from the health department to-date, following the success of localized programs addressing specific populations in the minority community.
Results:	The Mayor's Task Force Blueprint outlines 12 goals deemed essential to eliminating health disparities and identifies specific action. The health department recently released a Request for Proposal to fund initiatives that implement these priorities.
Recommend ations:	Key recommendations include: diversification of the health care workforce, improvements in cultural competency, consistency in data collection of race and ethnicity, and investment in high-risk neighborhoods. The health department will distribute over $1 million in the next 12 months to fund 33 organizations implementing these recommendations.
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Title & Number:	Citywide Healthy Start Program an Effective Model for Improving Birth Outcomes for Black Non-Hispanics (64)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Explain how case management improves birth outcomes and identify components (e.g., psychosocial risk assessments, education, direct service, and referrals). 2. Identify outreach/education methods proven effective for improving birth outcomes specifically for Black non-Hispanic (Black) clients. 3. Demonstrate ways mapping of high-risk populations provides important information for improving overall health and birth outcomes.
Issues:	In the city studied, Black infant mortality, at 24.3 per 1000, is 4.5 times higher than for White non-Hispanics (5.4 per 1000), and is double the state rate for Blacks (12.3 per 1000).
Description:	Using Geographic Information Systems to track birth outcomes and using multiple year rolling averages (critical to control for variability and increase data reliability), the Healthy Start program identified disparities in birth outcomes by census tract, guiding Healthy Start program recruitment, risk assessment, interventions, referrals, outreach/education, and building a vital community consortium.
Results:	Black program participants have healthier babies than do Blacks citywide, with significantly fewer babies born premature (6.5% vs. 10.3%), fewer born low birth weight (6.3% vs. 7.2%), and fewer born very low birth weight (1.5% vs. 2.8%)—all of which are leading causes of infant mortality.
Recommendations:	To sustain improved birth outcomes, methods such as the Healthy Start interdisciplinary model, electronic medical records, concurrent morbidity and mortality data, and collaborative models that focus on disparities and populations in need - must be institutionalized into care delivery systems.
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Title & Number:	Help-Seeking, Intimate Partner Violence, And Posttraumatic stress symptoms Among African American Women (65)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Address the importance of recognition of need for help among African American Women, in accessing mental health services 2. Recognize the help-seeking behaviors of African American survivors of intimate partner violence 3. Discuss the need for an intersectional approach in working with women of color
Issues:	Intimate partner violence has been associated with a wide range of mental health problems and psychological distress symptoms among survivors of abuse. Posttraumatic stress disorder symptoms have been linked with more severe forms of physical and sexual abuse. National and community studies have reported a higher rate of physical and sexual abuse among African Americans than among other groups. African Americans are reportedly less likely to seek help for mental health issues than whites. While research has proliferated on intimate partner violence in the last three decades, there has been a gap in research specific to African American women.
Description:	The author used a cross-sectional survey research design to recruit women from a community and shelter agency, and from the community, who self-identified as survivors of intimate partner abuse. Purposive and snowballing sampling procedures resulted in a sample of 110 African American women. The author conducted face-to-face interviews using an instrument packet of five measures on the degree of intimate partner violence, the presence of posttraumatic stress symptoms, the ways women engaged in help-seeking, and the recognition of need for mental health services.
Results:	Women reported a range of violence, from symbolic (89.1%) to sexual violence (67.3%). and greater than moderate posttraumatic stress symptoms. Women sought help at a higher rate from informal than formal sources: female friends (66.4%), mothers and sisters equally at (53.6%). Most formal help-seeking sought was from the police during emergencies. Nineteen percent sought help from mental health centers, and 10.9% sought help from private counselors; these were not mutually exclusive. The participants, as a collective, were not likely to recognize the need for mental health services. Greater recognition of need led to increased use of MH services.
Recommendations:	This study addresses implications for education in the African American community on the impact of domestic violence, and the importance of recognition of need for help. The study also has implications for health and mental health care practitioners on help-seeking among African American survivors of abuse. It highlights the theory of intersectionality, which compels the inclusion of the multiple dimensions of African American women, particularly their race and gender.
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Title:	Jade Ribbon Campaign: A Culturally Targeted Global Intervention To Address The High Prevalence Of Hepatitis B Among Asians And Asian Americans (67)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1) Acknowledge the Asian/Pacific Islander (API) population as at-risk for hepatitis B (HBV) and liver cancer. 2) Recognize the Jade Ribbon Campaign (JRC) as an effective health intervention model. 3) Partner with the JRC in the fight against HBV and liver cancer.
Issues:	The JRC is a global health intervention model using media and outreach to target the high-risk Asian community to promote the prevention, early detection and treatment of HBV. The JRC is the first and only large-scale, multicultural HBV outreach campaign targeting APIs and builds visibility, credibility and familiarity by combining the glamour of mass media with the neighborhood accessibility of local outreach. The color Jade symbolizes good luck and longevity. Folded like the Chinese character for "people," the Jade Ribbon symbolizes bringing the Asian and global community together to combat this silent epidemic. Prior to the JRC, conventional sources of health information did not specifically address the API community.
Description:	The JRC includes a community-based component of local seminars for the public and healthcare professionals, health fairs, screening/vaccination programs, and working with hundreds of local community partners. The mass media component incorporates public service announcements in newspapers, television, radio, movie theaters and buses. JRC health information is offered on JRC website (4 languages), in free brochures (6 languages), powerpoint presentations, films, and a free physician's guide.
Results:	The JRC is an effective global intervention to promote HBV awareness and screening in the Asian community, and a strong motivator for HBV vaccination. The JRC has expanded across the country and the world, reaching the Asian community throughout California, Washington, Arizona, New York, Hawaii, China and the Philippines.
Recommendations:	In conjunction with the objectives of the federal initiative, Healthy People 2010, and in collaboration with its over 400 community partners, the ALC's goal is to have every API screened and/or vaccinated for HBV by 2010, and to improve liver cancer survival rates by 20%. The JRC will continue to expand in an effort to eradicate HBV and liver cancer worldwide.

Title & Number:	Partners in Research: A collaboration between a comprehensive cancer center and a minority serving institution (70)
Learning Objectives:	Upon completion of this presentation, participants will be able to list strategies that promote effective collaborative relationships Upon completion of this presentation, participants will be able to identify 3 key areas that will help to facilitate the reduction of disparities in health Upon completion of this presentation, participants will be able to evaluate the benefits of comprehensive cancer centers partnering with minority serving institutions.
Issues:	Comprehensive Cancer Centers are the only organized unit supported by the NCI. These institutions conduct research and training in the areas of basic, clinical and population sciences. Yet the progress of cancer centers in focusing on research issues related to cancer in minorities, training of minority scientists, outreach and partnering with minority populations in their communities have been slow and often disappointing.
Description:	The creation of a partnership between a comprehensive cancer center and a minority serving institution in the Northeast, which emphasized and highlighted the strengths of each institution in their attempt to address the barriers related to cancer disparities. This includes but is not limited to cancer disparities research, community outreach and training.
Results:	A formalized, mutually beneficial partnership between a minority serving institution and a comprehensive cancer center, which focuses on the common goal of eliminating cancer disparities. This is achieved by planned joint projects in the following areas • Development of a fast-track BSN to Ph.D. training program for minority nurses • Create and evaluate a weight-reduction program to address disparities and obesity and related illnesses. • Build an educational program for training patient navigators and outreach workers on clinical trials.
Recommendations:	Ensure a continuous flow of resources and information that promote and support training, education, outreach, and research in cancer disparities.

Title & Number:	Barriers To Purchasing Foods For A High Quality, Healthy Diet In A Low-Income Latino Community (74)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Articulate six factors that influence dietary choice. 2. List four key elements in accurate food plan development. 3. Construct an intervention to assess food costs in communities.
Issues:	The ability to achieve nutrition recommendations on an individual level is of growing public concern. Research has shown that people with low incomes and education levels are more likely to identify cost as a barrier to healthy eating, spend a higher proportion of their income on food, and are more likely to engage in poor dietary practices than those with higher income and education levels. Of the studies that have addressed the cost of purchasing healthy foods, none has examined whether the foods are considered culturally acceptable for a specific socio-demographic group.
Description:	The authors conducted focus groups with Latina women 1) age 65 and older living alone, and 2) under age 65 with children under age 18 in the household in Jamaica Plain – a low-income Latino neighborhood in Boston, Massachusetts. Focus groups were used to develop and test a series of model seven-day menus. Food prices were collected at local grocery stores frequented by focus group participants. Average daily and monthly food cost estimates were developed. The cost estimates were then weighed against two benchmarks: 1) the maximum benefit provided by the Food Stamps Program; and 2) the Massachusetts Financial Economic Sufficiency Standard (MassFESS) food budget for Boston, Massachusetts.
Results:	Neither the maximum Food Stamp benefit nor the MassFESS food budget was adequate to cover the cost of one month of culturally acceptable, healthy food in this community for two different family types.
Recommendations:	Researchers and community members should engage in mutual dialogue and work in partnership to develop and implement community-based education programs that are tailored to community needs and are sensitive to barriers to dietary improvement. Health professionals must be knowledgeable of ways to counsel patients about affordable healthy food options. Food cost must be accounted for in any government-sponsored food policy.
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Title & Number:	Distribution of Race and Ethnicity in Tuberculosis (TB) Clinical Trial Participants – Lack of Major Disparities over 10 Years of Tuberculosis Trials Consortium (TBTC) Operations (82)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe TB case rates by race and ethnicity in the U.S., 2. Describe the distribution of participation rates for TB clinical trials by race and ethnicity, and 3. Compare outcomes (treatment completion, cure, and bacteriologic culture conversion) among TB patients enrolled in clinical trials, by race and ethnicity.
Issues:	Since 1993, there has been a gradual decline in national TB incidence rates. A disproportionate burden of TB disease continues to affect minority racial and ethnic groups. Racial and ethnic minorities are underrepresented in many types of clinical trials. The authors investigated racial and ethnic distributions among participants in TBTC research, and compared TBTC participant racial/ethnic distribution with that of reported TB disease in the U.S. population. The authors also ascertained whether differences in TB clinical trial outcomes occurred among the different race and ethnicity groups.
Description:	Patients enrolled in TB treatment trials conducted by the TBTC from April 1995 through July 2005 were included. The TBTC is a consortium of U.S. and international clinical study sites and investigators funded by the Centers for Disease Control and Prevention (CDC), HHS. For this analysis, patients enrolled in Canadian or African study sites were excluded (n=320); all consenting patients enrolled at US study sites were included (n= 1495). Data pertaining to race, ethnicity, and socioeconomic-demographic factors from all patients were collected. The definitions of race and ethnicity used were those of the 2000 U.S. census. For comparison, we included the race and ethnicity distribution of TB patients reported by the National TB Surveillance System for 1997.
Results:	Patients from racial and ethnic minorities [Asian Pacific (AP), Black (BL) and Hispanic (HS)] represented the majority of TB cases in the U.S. in 1997 and in the TBTC study population. Among TBTC studies there was modest over-representation of black and Hispanic patients. In the US, 62% of TB patients reported in 1997 were male, compared to 75% of TBTC study patients. Racial and ethnic minorities were well represented in TBTC studies despite significant social and medical barriers to participation in biomedical research: 19% of trial participants were homeless, 40% had a history of alcohol abuse, 20% had a history for injecting drug use, 16% were HIV-seropositive, 53% has less than a high school education and 46% were unemployed. Treatment success (cure) and completion rates among whites (70% and 89% respectively) were not better than those among blacks (81% and 91%) or Hispanics (89% and 87%).
Recommend ations:	TBTC and other clinical trials groups concerned with diseases that disproportionately affect racial and ethnic minority groups should continue to ensure adequate representation of minority groups in trial study populations. The TBTC's experience demonstrates the importance of close cooperation of clinical research organizations with the public health department clinics that provide most of the medical care for the populations affected with the disease of concern.
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Title & Number:	Addressing Breast and Cervical Cancer Disparities Through Coalition Building: Lessons Learned from the community-based project (84)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Explain the processes involved in building and maintaining a breast and cervical cancer control community-based coalition. 2. Identify coalition-specific strategies used to address breast and cervical cancer disparities among rural and urban low-income African-American women. 3. Summarize four lessons learned from the coalition building process and list four ways coalitions can reduce disparities in breast and cervical cancer.
Issues:	Community-based coalitions have become accepted vehicles to address complex health problems. However, few reports have described the challenges and lessons learned from such a process. This case study will explore the successes and challenges associated with maintaining a coalition designed to eliminate breast and cervical cancer disparities.
Description:	The overall objective of the project is to implement and evaluate community action plans developed by a diverse coalition to eliminate breast and cervical disparities.
Results:	By relying on both theoretical and common sense principles, the coalition was successful in increasing public knowledge, creating a network and developing innovative solutions to complex problems. More importantly, the authors were able to turn challenging times into teachable moments that ultimately strengthened trust levels and solidified our commitment to each other. The coalition received 17 mini grants and implemented numerous breast and cervical cancer interventions. Adherence to ground rules such as respect, trust, and open communication helped to solidify our partnership.
Recommendations:	Lessons learned from the community-based coalition can provide others with an in-depth exploration of the processes involved in coalition formation and maintenance.
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Title:	Coronary heart disease mortality among Mexican-Americans : The Hispanic paradox and its implications for research, practice and policy (86)
Learning Objectives:	1. At the conclusion of the presentation, the participant will be able to describe the current health status of Mexican-Americans and the concept of the "Hispanic paradox" 2. At the conclusion of the presentation, the participant will be able to assess the various methods and data sources used by studies examining coronary heart disease mortality among Mexican Americans 3. At the conclusion of the presentation, the participant will be able to explain the research, program and policy implications based upon the inconsistent research findings
Issues:	Track 3: Research, Data and Evaluation Although Mexican-Americans are disproportionately exposed to various cardiovascular risk factors, they reportedly experience lower coronary heart disease mortality rates compared to non-Hispanic Whites. This paradox may actually be due to the failure in adequately examining coronary heart disease among this population.
Description:	This presentation will examine the evidence on the Hispanic paradox as it specifically pertains to coronary heart disease mortality among Mexican Americans, as well as highlight the potential research, program and policy implications based on the contradictory research findings.
Results:	The disregard for the most current evidence and lack of additional research has led to the erroneous conclusion that Mexican-Americans are healthier than non-Hispanic Whites, possibly masking important differences and inaccurately estimating the true burden of disease. Thus, causing Mexican-Americans to be virtually ignored in national program and policy initiatives focusing on the reduction of disparities in coronary heart disease.
Recommendations:	The inconsistency of the study findings demonstrate the great need for more accurate information to determine the actual burden of coronary heart disease among Mexican Americans. As well, increased attention in targeting program and policy initiatives among this population is needed to reduce the actual health disparities of this population.

Title & Number:	The Healthy Women Project: a Peer Driven Intervention to reduce disparities in access to and utilization of HIV testing and prevention services by Latinas (88)
Learning Objectives:	Upon completion of this presentation the participants will be able to: 1. Distinguish or differentiate roles for Promotoras (Latino for "community health workers") in HIV prevention. 2. Describe how respondent driven sampling (RDS), a method typically used in research, can also be utilized for intervention planning, implementation, and evaluation. 3. Summarize a peer driven model designed to address disparities in access to and utilization of HIV services by high risk Latinas.
Issues:	The US-Mexico Border Region consists of four US and six Mexican states. Latinas in the border region are at risk for HIV and other diseases due to many complex factors including: language barriers, lack of culturally appropriate materials, poverty, lack of health insurance, stigma, cultural norms such as limited family dialogue about sex, and fear of emotional/physical abuse or withdrawal of financial support. We describe Healthy Women, a project utilizing locally-recruited Promotoras and social networks of marginalized Latinas to increase awareness and knowledge about HIV/AIDS and reduce stigma about accessing HIV testing and prevention services.
Description:	Healthy Women uses concepts adapted from RDS. The Promotora has an expanded role as an animadora engaging at-risk women, not only as users of services, but also as potential replicators or 'seeds' who will recruit and train other at-risk women. Promotoras are trained in basic RDS methodology, what HIV testing and prevention services are available in the community through the local health department and community-based providers, and how to use role model stories to explain ways to access these services. Promotoras interact with at-risk women and recruit some as ‘seeds’. 'Seeds' are instructed to distribute anonymous referral coupons that allow assessment of number of: (1) women contacted overall, (2) women at moderate-to-high HIV risk (i.e. have multiple sex partners), (3) women agreeing to be 'seeds' or replicators within their social networks, and (4) 'seeds' who received HIV prevention services and referred at least one person.
Results:	Preliminary findings indicate that from April 2005 to July 2005, Healthy Women directly reached 570 sexually active women. Of these 570 women, 110 (19%) were moderate-to-high-risk. Of the 110 women at moderate-to-high-risk, 49 (9% overall) agreed to be 'seeds' or replicators within their social networks. Thus, with relatively limited resources, we were able to reach a total of 619 women (570 directly plus 49 indirectly) to provide them with information on HIV testing and prevention services. Within three months, each of the 49 seeds had received services themselves and referred at least one other person at high or moderate risk for HIV testing, almost 100 women at moderate-to-high risk requested and received HIV testing and prevention services.
Recommendations:	Healthy Women demonstrates the use of a peer-driven intervention for reaching hidden high-risk populations. Because the Promotoras and 'seeds' are part of the communities they serve, the intervention is culturally appropriate. We recommend continued investigation of RDS, not only as research methodology, but also for intervention planning, implementation, and evaluation.
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Title & Number:	Reducing Racial and Ethnic Disparities in Health through Evidence-Based HIV Prevention Programs (91)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify the disproportionate impact of HIV and AIDS on racial and ethnic minorities in the United States 2. Discuss efforts of the Centers for Disease Control and Prevention to prevent the transmission and acquisition of HIV infection in minority populations 3. Explain ways evidence-based interventions are addressing health disparities in HIV prevention.
Issues:	During 2000-2003, according to the CDC, the rate of AIDS diagnoses for African Americans was almost 10 times the rate for whites. The rate of AIDS diagnoses for African American women was approximately 25 times the rate for white women, and the rate for African American men was eight times the rate for white men.
Description:	Since 1989 CDC has funded health departments and community-based organizations (CBOs) to plan, deliver, and monitor HIV prevention programs. In 1992 funding for CBOs targeted minority populations, and with the Minority AIDS Initiative in 1998 increased funding was available. The effort was refocused in 2004 when CDC required CBOs to implement programs disseminated through CDC's project "Diffusing Effective Behavioral Interventions (DEBI)."
Results:	Ten of the current 13 "DEBIs" employed by CBOs were either specifically designed for minorities or evaluated for use with minority populations. CDC's "DEBI" website contains a training calendar and materials on each intervention. Training sessions are conducted throughout the country, and a network of capacity-building assistance providers has been established.
Recommendations:	Because evaluations have demonstrated the effectiveness of "DEBIs" in promoting healthy behaviors, their implementation by agencies throughout the country is a success that nonetheless poses challenges. CBOs need to adapt the "DEBIs" to fit the particular HIV prevention needs of their racial and ethnic communities without compromising effectiveness. CDC must continue its work with grantees and capacity building assistance providers to help ensure the creation and delivery of culturally appropriate evidence-based interventions for racial and ethnic minorities.
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Title & Number:	Lessons Learned From Starting a Patient Navigation Program in Indian Country (92)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe components of a Patient Navigation Program. 2. Identify program problems and solutions. 3. Discuss lessons learned from this pilot program.
Issues:	Multiple challenges affect delivery of care across the cancer care continuum in American Indian/Alaska Native (AI/AN) communities. Barriers that prevent timely access to and use of quality, standard care include finances, geographic distances, cultural mores, communication, and multiple cancer care providers. This often leads to fragmented and delayed care.
Description:	The purpose of the Northwest Patient Navigation Pilot Project was to test the efficacy of navigation as an intervention to reduce cancer health disparities in Indian Country. The Navigator supported patients and coordinated health services by addressing barriers to timely cancer care.
Results:	The role of the Patient Navigator and project staff evolved in response to patient, family, and community needs. The program increased awareness of cancer prevention, screening, treatment, and survivorship in the tribal communities. Navigators facilitated communication between tribal clinics and cancer clinics and hospitals. They helped patients understand diagnosis and treatment options; get to appointments and adhere to treatment protocols; find health insurance coverage; and communicate with physicians. Navigators increased the number of local and regional collaborations and partnerships between tribal clinics and other organizations.
Recommendations:	Plans for new Navigator programs need to include developing a working relationship with tribal elders and other influential community members, collaboration with local cancer support groups and/or survivors, partnerships with local and regional oncology providers and local agencies and businesses, Navigator training and staffing, and other administrative issues.
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Title & Number:	The Impact of Yakama Indian Culture on Seeking and Completing Cancer Care (94)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify traditional religious beliefs that influence health-seeking behaviors. 2. Discuss cultural barriers to screening and adherence to treatment protocols. 3. Review strategies, including patient navigation, that respect Native American (NA) beliefs while facilitating care along the cancer care continuum.
Issues:	NAs have the lowest cancer rates of any ethnic/racial group but the highest cancer mortality. They are more likely to be diagnosed at advanced cancer stages, when treatment is complex and less successful. Cultural beliefs about cancer compound other barriers to cancer care, such as insurance and geographic distance. This prevents many tribal members from benefiting from standard cancer care.
Description:	This pilot project was implemented to evaluate the effectiveness of Patient Navigators among American Indians in improving timeliness of cancer diagnosis and care. At the Yakama Indian Health Center, the Patient Navigator identified cultural and religious beliefs that impeded early cancer screening and treatment. The Navigator addressed these issues by working with individual patients, families, tribal elders, and the Reservation community to find culturally acceptable methods of providing cancer care. In addition, the Navigator collaborated with an active tribal cancer support group to dispel cancer-related myths and stigma among the community.
Results:	Education of tribal members about cancer and increased sensitivity of providers to cultural and religious beliefs resulted in increased numbers of community members being screened for cancer and greater adherence to treatment protocols. Patients and providers reported greater mutual understanding and satisfaction with care.
Recommendations:	By exploring cultural and religious beliefs with Native Americans, providers can work with individuals and communities to dispel cancer-related myths and stigma and improve communication. The Patient Navigator facilitates communication and understanding between tribal members and health care providers, thereby reducing cultural barriers to cancer care.
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Title & Number:	An Examination of Health Conditions of Enabling Services Users at Community Health Centers Serving Asian Americans, Native Hawaiians, and Pacific Islanders (96)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Understand health conditions of enabling service users at community health centers 2. Recognize the impact of enabling services in improving health care 3. Understand the importance of enabling services data collection and research
Issues:	Enabling services are believed to substantially improve health access and outcomes for underserved minority patients according to provider perspectives at community health centers and may represent important mediators for reducing health disparities. They are also likely to contribute to prevention of acute episodes and better management of chronic diseases. However, there is no solid evidence to support these claims, as data on enabling services is currently lacking. In addition, enabling services are inadequately funded by payors; and the lack of data is a crucial barrier to securing financial support for these essential services at community health centers.
Description:	The project examines the diagnoses of patients who utilize enabling services at three community health centers (CHCs) serving predominantly Asian Americans and Pacific Islanders (AAPIs). These CHCs are federally qualified health centers located in Hawaii, New York, and Washington. Nine standardized categories of enabling services (case management – assessment, treatment, and referral services, financial counselling, health education, interpretation services, outreach services, transportation, other services) collected by the health centers were included in the analysis to examine differences with varying enabling service provision.
Results:	Data analyses indicated that Enabling Service (ES) Users and Non-Users significantly differed in gender, ethnicity, insurance, and age ($p<.05$). ES Users were more likely to be female, AAPI, uninsured, and older (mean=40 vs. 34 years). ES Users had a higher incidence of chronic conditions whereas Non-Users had a higher incidence of acute conditions. Additional information regarding most common chronic and acute conditions; most common diagnosis; an analysis of financial counselling, case management combined with health education, and interpretation use; among other findings will be presented at the Summit.
Recommendations:	More research needs to be done to examine how enabling services at community health centers improve quality of care and reduce health disparities. The services should be further studied and tailored to specific AAPI populations and health conditions. For example, health outcomes for specific diseases, such as diabetes, the most common chronic condition observed in this study, should be further analyzed in future studies. The research results demonstrating the value of enabling services can be used to advocate for adequate reimbursement of these services and contribute to reduction of health disparities.
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Title & Number:	Health Insurance Coverage along the US-Mexico Border: A Descriptive Analysis (97)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify the US-Mexico Border Health Commission (USMBHC) and the National Center for Health Statistics‘ Healthy Border 2010 Program 2. Understand differences in health insurance coverage by ethnicity 3. Note exacerbation of the problem along the US-Mexico Border.
Issues:	To address health disparities issues along the US-Mexico Border, in 2000 the USMBHC established a 10-year disease prevention and health promotion program called Healthy Border 2010. This program, similar to the Healthy People 2010 US program, sets goals for improvement and monitors progress. One of the selected health indicators is health insurance coverage among border populations. Estimates of health insurance coverage for regions smaller than state level are quite limited, and estimates based on ethnicity for border region residents have been previously unavailable.
Description:	The authors merged four years of the National Health Interview Survey, 2000-2003, and calculated lack of health insurance coverage for the civilian noninstitutionalized US-Mexico Border population. Estimates were stratified by ethnicity and geographic area (the US, the four states on the US-Mexico Border (AZ, TX, NM, CA), and the Border counties within these states). Two types of coverage are considered: current (uninsured at the time of the interview) and long term (uninsured for more than a year at the time of the interview).
Results:	Within counties on the US-Mexico Border, 22.9% were uninsured and 44.1% of these had lacked coverage for a year or more. Border states and Border counties faced higher uninsured percentages than the national rate but roughly similar rates of long term uninsurance. In the Border counties, 38.2% of Hispanics were uninsured compared to 12% of Non-Hispanics. At all geographic levels examined, uninsurance was considerably higher for Hispanics. The difference between Hispanics and Non-Hispanics grew as one descended levels to the Border states and finally to the Border counties. However, long-term uninsurance is higher among uninsured Hispanics than others only at the national level (43.8% vs. 40.5%), not at the Border-states or Border-counties levels.
Recommendations:	Further work on insurance coverage and access to care is recommended for a better understanding of health care access, disparities, and potential solutions along the border.
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Title & Number:	The Role of Patient Preferences in the Negotiation of Cancer Pain Treatment among African Americans (99)
Learning Objectives:	Upon completion of this presentation, participants will be able to explain: 1. The significance of patient preferences in addressing pain treatment disparities 2. The role of socio-political factors in shaping patients' preferences 3. How preferences for analgesia may affect patients' negotiation of pain treatment
Issues:	Institute of Medicine (2002) has identified ethnic disparities in pain treatment as an area of public and policy concern. Most studies allude to provider prescribing practices as a major factor in pain treatment disparities but offer little insight into the role of patient preferences in shaping pain treatment negotiations.
Description:	This mixed-method (QUAL-quant) study investigated how African Americans' preference for analgesia may shape their pain treatment negotiation with providers. A sample (n=36) of self-identified African Americans with solid tumors was recruited from 3 oncology clinics. Qualitative data were gathered using semi-structured interviews and analyzed using Atlas 5.0. Quantitative data on pain and preference variables were gathered using Brief Pain Inventory and analyzed using non-parametric measures.
Results:	Despite patients having overt access to analgesia, considerable intra-cultural differences existed in their preference for analgesia. From interview data, a typology of preference was identified: (1) Non-believers, (2) Centralists and (3) Strong believers. Non-believers were futuristic, survival-oriented and believed analgesics masked their ability to identify cancer progression. Centralists did not believe in taking analgesics but resorted to them in favor of reduced pain severity. Strong-believers articulated fewer dilemmas in using analgesics and reported fewer side-effects. The combined QUAL-quant analysis supported the qualitatively-derived typology. The groups differed in preference for analgesia (p= .011), frequency of analgesic use (p= .035) and degree of pain relief (p=.017).
Recommendations:	The findings question the one-size-fits-all approach to designing interventions to minimize pain treatment disparities. Different subsets of African Americans may benefit from different types and levels of cognitive interventions.
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Title:	Increasing The Number Of Minority Scientists To Eliminate Racial And Ethnic Disparities In Health: Lessons Learnt from Institutional and Community Collaborations (100)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Explain the steps to develop, foster, and maintain a competitive research and training program for minority researchers. 2. Identify successful methods for mutual mentorship and collaboration between scientists from a majority and minority institution. 3. Summarize the importance of community partnership and outreach programs to minority scientists' research programs. At the end of this presentation, participants will recognize the importance of workforce diversity in eliminating racial and ethnic disparities.
Issues:	There is a critical need to increase the number of scientists from underserved populations to improve research and ultimately contribute to reducing the disproportionate burden of cancer incidence and mortality in ethnic and racial groups. At present, there is a significant under-representation of ethnic minority cancer researchers in fields spanning basic research to behavioral science. Thus, there exists a need to develop a cadre of sensitive, well-trained scientists to increase the capacity for scientific research among underserved populations, address many cultural considerations in the overall design and conceptualization of research ideas and to effectively and respectfully deliver health care interventions to increasingly diverse populations.
Description:	The small number of minority researchers is viewed as a significant barrier to eliminating racial and ethnic disparities in health. To address this problem, scientists at a major Cancer Center, researchers at a minority institution and a community based organization partnered to reduce the disproportionate burden of prostate cancer incidence and mortality among African-American men by (i) increasing the number of scientists at a historically black College/University (HBCU) focusing on prostate cancer research and (ii) enhancing the capacity for scientific research in prostate cancer at FAMU. Three focus areas were (i) research collaboration and grant writing activities; (ii) didactic and experiential training and (iii) community outreach for the African-American Community.
Results:	The number of researchers concentrating on prostate cancer research at the minority institution increased significantly. A total of 12 faculty from the minority institution, 10 faculty from the major Cancer Center and nine community organizations are involved in the collaboration. Notable outcomes within a year were: 17 researchers at the minority institution completed didactic training; three faculty undergoing specialized training in basic sciences, clinical and population research; one completed research project; three ongoing research projects; two manuscripts in progress for publication; three scientific presentations; one funded research activity; three grant submissions; several community dialogue and outreach programs; four scholar awards; and five graduate fellow awards.
Recommendations:	To successfully eliminate racial and ethnic disparities in health, the research workforce should be diverse with significant representation from the groups that are most affected. This in turn will foster the involvement of minorities in research conceptualization, research implementation, development of educational and outreach initiatives, and research results dissemination in minority communities. Enhancing workforce diversity requires the funding support of public and private agencies, commitment of majority institutions to training minority scientists, dedication of minority institutions to faculty development, and sustainable relationship with community organizations.

Title & Number:	The Effects of African American Designation on Mitral Valve Disease Presentation and Surgical Treatment Outcome (102)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify four comorbidities and risk factors of mitral valve disease that are more prevalent in African Americans presenting for valve surgery than in whites. 2. Compare the presentation, etiology, and outcome differences between African Americans and whites with mitral valve disease necessitating surgical intervention. 3. Demonstrate that African Americans are less likely than whites to undergo mitral valve repair as opposed to mitral valve replacement. This may have significant long term implications for this subset of patients.
Issues:	Several previous studies have focused on coronary artery disease risk factors and surgical outcomes among different ethnic and racial groups. There are no previous reports, however, examining mitral valve disease, its surgical treatment options (valve repair or replacement), and outcomes with respect to different racial groups. As the number of mitral valve procedures performed increases nationwide, the importance of appropriate and timely access to care, especially among minorities, becomes a significant public health concern.
Description:	The authors studied the presentation, etiology, and outcome differences between African Americans and whites with regard to surgically corrected mitral valve disease. All adult patients who underwent first-time isolated mitral valvuloplasty or mitral valve replacement by the same group of surgeons at NYU Medical Center and Bellevue Hospital Center between 1993 and 2003 were studied. Patients were grouped according to race as reported to the New York State Cardiac Surgery database. Preoperative variables were compared, including age, congestive heart failure, etiology, and pertinent medical and surgical histories. Perioperative variables included type of operation, hospital complications, and hospital mortality.
Results:	1425 African American and white patients underwent mitral valve repair or replacement. African Americans (n=123, 8.6%) were younger (45.6±14.4 vs 60.5±15.3, p<0.001), had a higher incidence of renal failure (5.7%(n=7) vs 2.6%(n=34), P=0.05), congestive heart failure (39.8%(n=49) vs 31.3%(n=408), p=0.05), endocarditis (12.2%(n=15) vs 4.4%(n=57), p<.001) and rheumatic disease (16.1%(n=18) vs 5.7%(n=70), p<0.01) while whites (n=1302; 91.4%) more commonly had degenerative valve disease (62.5% vs 84.6%, p<0.001). African Americans were less likely to undergo mitral valvuloplasty (51.2%(n=63) vs 66.4%(n=865), p<0.001). There was no significant difference between the groups in postoperative complications or hospital mortality (2.4%(n=3) vs 5.1%(n=66), p=0.19).
Recommendations:	African Americans present for mitral valve surgery at a significantly younger age compared with whites and with higher rates of renal failure, CHF, endocarditis and rheumatic heart disease. African Americans are less likely to undergo mitral valvuloplasty, which may potentially have an effect on long-term outcome. Improved screening in this racial group will facilitate earlier referral, increasing the potential for mitral
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Title & Number:	Work-Family Conflict and Psychological Well-Being Among African American Nurses (107)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Discuss the relationship between work-family conflict and psychological well-being articulated by African American nurses. 2. Explore the impact of racism and discrimination on the psychological well-being of African American nurses. 3. Examine recruitment and retention intentions of African American nurses.
Issues:	The majority of practicing nurses are White, non-Hispanic and female. Low numbers of minority nurses coupled with the need to understand clients and their families' socio-cultural background beyond the base level makes recruitment and retention of African American nurses a paramount concern for healthcare facilities in the mission to "eliminate health disparities" and provide culturally appropriate care. The purpose of this presentation is to answer the question "How do African American nurses describe the relationship between work-family conflict and psychological well-being?"
Description:	This study utilized a sequential mixed methodological approach, which incorporated a descriptive correlational design and focus group methodology. The sample consisted of 51 African American nurses. Six focus groups were conducted (N = 23). Data were collected via a semi-structured interview guide; and focus groups were analyzed by content analysis.
Results:	Responses indicated that multiple factors influenced African American nurses' psychological well-being. Themes derived from the data included 1) negative and positive work-family spillover 2) negative and positive family-work spillover 3) balancing the family 4) school-family spillover 5) spirituality 6) autonomous agent/role model and 7) racism or discrimination. The nurses demonstrated an affinity to the profession; however 80% of the participants reported suffering from inequities in pay, promotion, and workload.
Recommendations:	Researchers should develop culturally sensitive measurements of work-family conflict, job satisfaction and psychological well-being. Future research studies which examine the significance of cultural stress coping mechanisms (e.g. kinship exchange systems and spirituality) on the coping behaviors of African American nurses are warranted.
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Title & Number:	Health Disparities And Health Communication In Asian American Communities (108)
Learning Objectives:	Upon completion of presentation, participants will be able to: 1. Describe health disparities and factors impacting osteoporosis and cancer among the Asian population. At conclusion of the presentation, the participant will have the skills to seek information from various sources and be equipped to plan efforts to meet target population needs. 2. Understand cultural issues that facilitate provision of health care and develop strategies to address osteoporosis and cancer health issues. At the conclusion of the presentation, the participant will have the skills to work with ethnic partners and others to develop effective intervention programs. 3. Integrate health literacy into outreach projects and improve access to health information. At the conclusion of the presentation, the participant will have the skills to identify relevant partners who can facilitate overall community health literacy for the Asian population.
Issues:	Federal and state agencies focus on outreach health programs for the growing Asian population. To decrease chronic diseases, like cancer and osteoporosis, the authors recognize language and literacy barriers hamper access to accurate health information. A PA survey of Asians concluded 82.5% were non-English speaking and are not benefiting from mainstream health messages. The authors found a strong relationship between health disparities and poverty, education, and health beliefs. Successful Asian community efforts must be culturally and linguistically relevant.
Description:	The authors will collaborate to ensure that health information on chronic illness, especially cancer and osteoporosis, directed at Asian communities is culturally and linguistically appropriate.
Results:	The authors will be able to provide appropriate and relevant health information to Chinese, Vietnamese, and Korean to improve access to accurate health information.
Recommendations:	Identify targeted population needs prior to beginning of project. Form collaborations and identify funding streams to improve health message to target populations.
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Title & Number:	Factors Associated with the Vaccination of Children of Unwed Mothers (110)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. State how childhood vaccinations vary by mother's marital status. 2. Identify factors associated with vaccination for children of unwed (never married) mothers. 3. Identify vaccination programs that help children of socio-disadvantaged families.
Issues:	Health Disparities across the lifespan: More research is needed to assess the impact of race/ethnicity and socioeconomic conditions on vaccination rates among children of unwed mothers.
Description:	Childhood immunization rates vary by race/ethnicity and socioeconomic conditions. Using data from the 2004 National Immunization Survey, the authors compared the vaccination coverage rate of children whose mothers were never married to coverage rates of children whose mothers were once married or currently married and their associations with race/ethnicity and socioeconomic conditions.
Results:	Children of unwed mothers were less likely to be vaccinated than children of once married or currently married mothers (77%, 79%, 82%, $p<0.01$). Race/ethnicity was not a predictor of vaccination among children of currently married or once married mothers, but was significant among children of unwed mothers (non-Hispanic black children were less likely to be vaccinated than non-Hispanic white and Hispanic children, (68%, 78%, 74%, $P<0.01$)). Controlling for factors such as firstborn status and WIC (Women, Infants and Children Program) participation reduced the disparity in coverage between non-Hispanic black and non-Hispanic white children of unwed mothers.
Recommendations:	While WIC serves as a safety net for socio-disadvantaged families and was associated with increased vaccination coverage among children of never married mothers, additional public health strategies that combine social services with preventive health are likely to improve health and further reduce racial/ethnic disparities, particularly immunization disparities.
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Title & Number:	African American Barbershop Blood Pressure Screening Program "A venue for reaching those most at risk" (113)
Learning Objectives:	Upon completion of this presentation participants will: 1. Have evaluated how uncontrolled high blood pressure impacts the African American community. 2. Be able to set up a barbershop blood pressure screening program in their community. 3. Be able to incorporate other related health messages into the barbershop model over time.
Issues:	The rate of high blood pressure in blacks in the United States is among the highest in the world. High Blood pressure is a risk factor for heart diseases, stroke, and diabetes. Cardiovascular diseases (CVD) rank as the No. 1 killer of African Americans Black male residents of Arizona had the highest mortality risk for diseases of the heart among the gender by race subgroups (ADHS, 2001) Within the African American community those with uncontrolled high blood pressure who are not on antihypertensive medication tend to be male, younger, and have infrequent contact with a physician (American Heart Association, 2003) The African American Barbershop has been an historic gathering spot for the community and clients usually go to the same establishment for years.
Description:	The American Heart Association in collaboration with the Association of Black Cardiologists, Black Nurses Association, and the Arizona Department of Health Services created a barbershop blood pressure screening pilot program for Maricopa County. This six-month program provided regular blood pressure monitoring and health messaging to a population who might not, otherwise, be monitored. Twenty (20) barbers/hairdressers at six barber/beauty shops were trained to check blood pressures for their clients. They were also be trained to provide brief responses based on an individuals blood pressure reading. Wallet sized tracking cards were provided to clients that can be updated with each visit. The program partners provided everything needed for the program including training, equipment, tracking cards, educational materials, and posters that were displayed at the shops. Barbers will keep a tally of the number of people screened and the number of elevated readings. Barbers will be asked to attend two process meetings - one at 3 months into the program and one at the end of the program. This will help AHA improve the program and provide additional information on how the community is responding to the program.
Results:	Within the six-month pilot phase (November 2004-June 2005) 1333 individuals received training and an estimated 2600 received blood pressure education information in the barber/beauty shops. This program initiated community dialogue about heart disease, risk factors, and preventative measures. Of the clients screened, 420 blood pressures were tracked and based on the tallied pressure only 10% of clients screened had blood pressures in the normal range (<120/80).
Recommendations:	
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Title & Number:	Research as Spiritual Covenant (114)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify five principles for engaging Tribal communities 2. Define five principles for engaging Tribal communities 3. Discuss implications of the five principles for engaging Tribal communities
Issues:	Conducting research with Tribal communities poses special challenges, arising from differences in scientific/Tribal worldviews. Information about implementing culturally-appropriate research practices is limited. From the perspective of a community-based participatory research project, the purpose of this presentation is to describe processes for developing scientific/Tribal community partnerships.
Description:	The Caring for Native American Elders intervention project addresses Native American elder abuse in a community context. Since 2000, the project has taken form in three Tribal communities. Research efforts have involved gaining community entry, establishing rapport, gathering background/contextual data related to elder abuse, and implementing/evaluating the intervention. The project is in different stages in each community. Data from field and reflective notes were recorded. Analysis of these data informs this presentation.
Results:	The authors identified five principles foundational to creating Tribal community/scientific partnerships: research as spiritual covenant, cultural humility, harmony, reciprocity, and respect for all. These principles will be discussed.
Recommendations:	Recommendations: a) Recognize the mutuality of the Tribal community/scientific research partnership. b) Combine data collection with service provision in community-based research. c) Address service sustainability from the beginning. d) Ground reports and communications related to cultural competence in the concept of cultural humility.
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Title & Number:	"A Family Physician's Practical Guide to Culturally Competent Care": An OMH Funded Initiative to Reduce Racial and Ethnic Disparities in Health (119)
Learning Objectives:	At the conclusion of this presentation, participants will be able to: 1. Articulate the rationale for the development of a "Family Physician's Practical Guide to Culturally Competent Care," and cultural competency training in general. 2. Identify learning strategies and attributes of a promising practice in cultural competency training. 3. Describe the need for evaluation of cultural competency training programs and the potential contributions and limitations of the evaluation of the Physician's Guide. 4. Identify the characteristics of health care providers seeking online cultural competency training.
Issues:	The last decade has witnessed increased awareness about the existence of racial and ethnic disparities in health. Fuelled by the release of the CLAS standards, a number of national organizations have released standards to help support the provision of culturally and linguistically appropriate care. Many of these standards promote the education and training of health care providers in culturally appropriate care. However, many health care providers continue to be under-prepared to effectively treat minority and immigrant patients. A study published in the September 7, 2005 issue of The Journal of the American Medical Association cited that nearly one-quarter of medical residents report feeling under-prepared to provide specific components of culturally competent care.
Description:	In an effort to ensure that all people entering the health care system receive equitable and effective treatment, the Office of Minority Health at the U.S. Department of Health and Human Services, developed "A Family Physician's Practical Guide to Culturally Competent Care" over a three year period. The Physician's Guide is a case-based curriculum featuring streaming video vignettes that help participants to explore culturally competent care concepts. The curriculum was designed with the busy health care provider in mind, offering 'anywhere, anytime education' at no cost to participants. The program was launched in December 2004 and is accredited by the AMA and AAFP for 9 continuing medical education credits (CMEs).
Results:	"A Family Physician's Practical Guide to Culturally Competent Care" has been well received by a wide variety of health provider types and specialties. Over 1,200 registered users have accessed the site; referrals from colleagues are the most popular dissemination method. Over 1,400 CMEs have been granted to date. Our program participants have varied and diverse backgrounds, although on average, participants are more likely to be female, white, 45-55 years old, and practice in an urban area. Users have responded that they particularly like the case presentations and viewing other providers' comments to the cases on the 'Other Perspectives' bulletin board. Many users provided feedback about the length of the course, suggesting that it be shortened.
Recommendations:	Partner with national and regional professional associations and health care organizations to disseminate the modules and work with states to support providers in meeting cultural competency training requirements mandated by legislation in some states. Expand evaluation efforts to explore the effect of training on patient behavior and outcomes. Update case studies to meet changing HHS priorities. Expand and tailor the curriculum to other provider groups.
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Title:	Change for Life! ¡Cambia tu Vida! A community-based intervention addressing behavioral risk factors for diabetes and hypertension (123)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. assess how the stages of change model works in a community context 2. know how it was applied to Latinos and African Descendents in New Hampshire 3. apply a stage of change model to their community
Issues:	Track 5: Studies have shown that diabetes and cardiovascular disease can be controlled and prevented through the modification of behavioral risk factors. The Transtheoretical Model (TTM) of behavior change, also known as the Stages of Change model, offers promise in designing behavior change interventions. However, this model has been rarely applied in a group setting serving minority communities.
Description:	To address racial and ethnic disparities related to the risk for diabetes and cardiovascular disease, the REACH 2010 Initiative of New Hampshire (NH) features an innovative program based on the Stages of Change model. The Change for Life/Cambia tu Vida program has been tailored to the growing African Descendent and Latino communities in Southern NH. The curriculum was designed to guide participants through the five stages of change (i.e. pre-contemplation, contemplation, preparation, action, and maintenance) to reduce their risk of diabetes and hypertension. The authors will describe the curriculum and its development, and report participant feedback and early evaluation results.
Results:	Change for Life intervention helped participants to identify the health habit they want to change, such as improving their diet and exercise habits and how they cope with stress. Participants successfully moved through the stages of change, gaining greater awareness of personal behavior and resources available to adopt healthier behaviors.
Recommendations:	The Change for Life/Cambia tu Vida program shows promise in supporting African Descendents and Latinos to adopt healthy habits to reduce their risk of diabetes and hypertension. Latinos responded well to the home-based approach initially offered by the program. To reach African Descendents, a more faith-based approach was needed. Follow-up services with program graduates from both communitieis are planned, such as ongoing support groups and accessible exercise programs, to help them fully establish these healthy habits over the long term.

Title & Number:	Impact of racial residential segregation and neighborhood poverty on adult and child obesity (124)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Articulate the procedures for assessing health disparities in chronic disease outcomes based on the types of disparities measured (individual and/or neighborhood level), choice of theoretical framework and analytic strategies. 2. Develop a template for identifying the challenges in using public health surveillance data to investigate disparities in chronic disease outcomes (e.g., availability of information for different domains of socioeconomic position; quality and consistency of race and ethnicity data). 3. List up to five databases that could potentially be linked to public health surveillance data that can offer new ways to investigate health disparities in chronic disease outcomes.
Issues:	There is broad consensus that people who live in socially and economically deprived communities have worse health, on average, than those living in affluent communities. Given that blacks and many Hispanic subgroups in the U.S. are more likely to be poor than whites, an important question is the extent to which racial/ethnic differences in overweight and obesity are due to characteristics of the places where people live, rather than their race or ethnicity per se.
Description:	This study investigated the relationship between residential racial segregation, neighborhood poverty, and overweight/obesity using data from a 2001 statewide representative sample of Rhode Island households linked to 2000 US Census socioeconomic data. Separate weighted multivariable linear regression models were run for children (6-17 years), adult women, and adult men that accounted for hierarchical clustering (e.g., families nested in neighborhoods).
Results:	Low family income, living in an impoverished segregated neighborhood, and living in a poor predominately white community increased the probability of being overweight/obese for children (27%, 13%, and 11% respectively), and adult women (9%, 13%, and 7% respectively), but not adult men. Race and ethnicity were not associated with overweight/obesity after adjusting for neighborhood and family socioeconomic position and individual risk factors.
Recommendations:	Concern about the rising trend in obesity in the US population is not new. Federal agencies and private organizations have issued guidelines about obesity since the 1950s. Typically, these guidelines focus on individuals. Hurricane Katrina was a tragic reminder that neighborhood poverty limits residents' access to health promoting resources, such as adequate housing, and safe, walkable neighborhoods without the threat of crime. It will take an unprecedented effort to reverse the obesity epidemic. The forthcoming Summit provides an ideal opportunity for public and private institutions to collaborate on initiatives for improving the infrastructure of America's poorest communities, ones that are too often racially and ethnically segregated, and evaluating the impact of these changes on reducing disparities in obesity and other health outcomes.
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Title & Number:	Developing An Evaluation Plan For Diabetes Programs In Asian American And Pacific Islander (AAPI) Communities (126)
Learning Objectives:	Upon completion of this presentation participants will be able to: 1. Describe the methods for developing and implementing a comprehensive evaluation plan for a multi-site program. 2. Describe how utilizing evaluation plans that include developing a logic model will allow programs to identify and stay better focused on how to achieve the desired outcomes. 3. Recognize the importance of developing and establishing common definitions, instruments and outcome measures across multiple sites.
Issues:	Diabetes is a serious condition that disproportionately affects Asian Americans and Pacific Islanders (AAPIs). AAPI populations present unique diabetes education challenges given their diversity in language, culture, history, and adaptation to life in the United States. In response, the Association of Asian Pacific Community Health Organizations (AAPCHO) funded six community health centers to implement culturally and linguistically appropriate diabetes activities for AAPI communities. This presentation will describe project site activities that focus on providing cultural and linguistic interventions, evaluation measures and instruments and data collection methods specific to diabetes self-management and the prevention of complications in AAPI communities.
Description:	AAPCHO's BALANCE (Building Awareness Locally and Nationally Through Community Empowerment) Program for Diabetes funded six (6) community health centers to implement culturally and linguistically appropriate diabetes activities for AAPI communities. In order to measure the progress towards long-term impacts targeted by the program goals, each project site worked with AAPCHO's evaluation consultant to develop an extensive evaluation plan including baseline data collection plan and instruments. Common evaluation measures and definitions were identified and utilized across the six community health centers.
Results:	The BALANCE Program and each community health center developed an evaluation plan that included a logic model to identify the problems/challenges, theory of change, intervention, target population, outcomes and evaluation/evidence of change for each planned activity. Program evaluation plans included process and outcome measures for community/patient education, innovative approaches, and collaboration with other community-based organizations and media. Baseline data and results from the project sites' two (2) year activities will be shared and presented.
Recommendations:	Utilizing evaluation plans that include logic modelling allowed each project site to identify and stay better focused on how to achieve the desired outcomes. Establishing common evaluation measures and definitions across project sites is important for data collection, to determine the overall effectiveness of interventions, and in identifying challenges, opportunities for improvement and collective project successes.
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Title:	A Innovative Strategy to Diversify the Oral Health Workforce (128)
Learning Objectives:	Upon completing this presentation participants will be able to 1) identify an alternative approach to recruit disadvantaged and underrepresented minority students (URM) into dental school; 2) identify an intervention to increase students' Dental Admission Test (DAT) scores; and 3) assess the performance of disadvantaged and URM students' test scores after an intensive 8-week preparation course.
Issues:	Nationally, Blacks, Hispanics, and Native Americans represent <5% of practicing civilian dentists. Increasing these numbers is crucial to the health of people from medically/dentally underserved communities. There is a clear need to educate, train, and graduate more students from medically/dentally underserved communities for careers in dentistry. Less than 12% of dental students are from URM backgrounds. A major dental school entry criterion is DAT score. Minority students do not perform as well on the DAT as non-minority students, adversely impacting dental school enrolment.
Description:	The Dental Post Baccalaureate Program assists students from disadvantaged backgrounds to gain acceptance to dental school. The program addresses learning strategies and study skills, improving DAT score, aiding with the application process, enrolling in upper division science courses, and provide experience and enhance knowledge about the dental profession.
Results:	The 8-week course has been very successful. DAT scores for disadvantaged, learning disabled, and English as a Second Language students increased significantly over previous scores (all DAT sections $p<0.001$; mean academic average change 2.0; 95% conf int: 1.6-2.3). Approximately 98% of Post-Bac students have been admitted to dental school.
Recommendations:	More dental schools should develop post-baccalaureate programs to assist disadvantaged and URM students with improved skills for admission. Funders should continue to support such efforts.
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Title & Number:	Best Practices in Diabetes Prevention and Control for Pacific Island Communities (131)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify processes used for working with Pacific Island communities. 2. Identify three ways to modify best practices from other communities. 3. Apply the knowledge shared to address diabetes concerns in their communities.
Issues:	The percentage of adults with diabetes in the US-associated Pacific is 3-5 times greater than in the continental US. The Pacific Island region lacks culturally-specific, tailored diabetes prevention and control programs. Best Practices and Lessons Learned must be shared to improve diabetes prevention and control.
Description:	The authors used a community mobilization model that focused on diabetes prevention and control programs in the continental US and adapted it to fit the US-associated Pacific Islands. The authors modified the curriculum and created a process for community mobilization that is culturally appropriate for Pacific Communities.
Results:	Guidelines for future diabetes prevention and control activities were developed. A total of 12 community groups were established in the US-associated Pacific to plan and implement diabetes awareness and prevention projects. At present, all 12 community groups are still conducting successful diabetes awareness and prevention activities without external funding. Diabetes awareness and prevention activities in the US-associated Pacific have increased by 200%.
Recommendations:	To promote the success of diabetes prevention and control programs in the Pacific, it is critical to share and support best practices that can be adapted and integrated into local communities.
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Title & Number:	Developing a Roadmap For The Elimination Of Health Disparities in Jackson, MS: A Community's Experience (135)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe the role of social factors as contributors to health disparities 2. Describe the importance of including an empowered community role in eliminating health disparities 3. Describe the processes for attaining effective community preparedness for participation and leadership in health disparity elimination activities and research
Issues:	Higher rates of death and disease continue to persist among vulnerable populations in the US with considerable disparities in Jackson, MS. Successful strategies to eliminate these disparities must address the social inequities that underlie the health disparities and must include the community as a planning partner. In this presentation, the authors will report on a process that developed an authentic community partnership organized to address the social contributors to health disparities.
Description:	The objective of the Roadmap to Health Equity Project is to stimulate a coordinated and participatory effort among researchers, communities, funders, medical providers and other sectors of society (law enforcement, secondary educators, social services, CBOs, business, labor, etc.) to develop a strategy for eliminating health disparities in Jackson. Since health disparities was not a "kitchen table" topic of discussion in the community, the process entailed increasing community knowledge, increase in the diversity of community involvement, and on the development of an authentic community-wide partnership. The first 2 years of the project was focused on attaining a high level of community participation. The later phase is focused on transforming that participation into an interdisciplinary partnership to address the social determinants of health disparities.
Results:	Over 500 community residents have been engaged to date, thus increasing community knowledge and interest in health disparities. . Additionally, a group of 20 individuals who are representative of various groups in the Jackson community, and who show great interest in developing local solutions to health disparities was identified and recruited to the Community Steering committee for the Roadmap to Health Equity Project. The Steering Committee has undergone several technical trainings, and has conducted a community strategy session for developing a roadmap to health equity in Jackson, has collaborated on preparing and submitting a major grant proposal, and is planning a pilot intervention and research project addressing social determinants of health disparities.
Recommendations:	The Community Steering committee is developing into a strong and empowered body committed to working with other health, research and community entities to address the social inequities, which underlie health inequities. This project provides a model for developing holistic community solutions to health disparities and is replicable in other areas.
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Title & Number:	The Women of Color Advocacy Institute: Engendering Policy Advocacy (140)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Participate more actively in HIV/AIDS related policy and decision-making bodies at a local level. 2. Plan and implement activities designed to educate legislators, policy makers, and other key decision makers. 3. Support programs, funding, and policies related to improving HIV/AIDS prevention and care services for women of color.
Issues:	Advancing gender equality by addressing political empowerment is critical because the imbalance in gender relations is fueling the HIV epidemic. Women of Color in the United States are increasingly and disproportionately at risk of contracting HIV/AIDS. The Centers for Disease Control and Prevention report that African American and Latina women together represent less than one-fourth of all American women, yet they account for more then three-fourths of all AIDS cases. The outlook is more discouraging for younger women of color. African American women and Latinas account for 79 percent of all reported HIV infections among women 13 to 19 years of age. Despite this reality, they remain poorly represented in most efforts to fight the disease.
Description:	The Women of Color Advocacy Institute provides training to increase the advocacy leadership capacity of women of color in underserved communities. The free two-day training is targeted toward women of color who are living with HIV and/or female service providers, who are involved in HIV/AIDS prevention, treatment, and care activities. The methodology is interactive and participatory, utilizing group work and discussion that acknowledges and respects the knowledge of each participant. The methodology utilizes a participatory approach to ensure that participant's needs are being met through gauging participant responses and feedback at the beginning and end of each day.
Results:	66 of participants gave the program a rating of excellent in encouraging them to become involved in policy advocacy related to women of color and 22 percent of participants gave the program a rating of good. 33 percent of participants gave the program a rating of excellent in preparing them to participate in policy advocacy related to women of color and HIV/AIDS and 44 percent of participants gave the program a rating of good. 72 percent of participants stated that what they learned in the training would directly affect their involvement in advocacy activities related to women of color and HIV/AIDS.
Recommendations:	Political empowerment refers to the equitable representation of women in decision-making structures, both formal and informal, and their voice in the formulation of the policies that impact our society. The absence of women from structures of governance inevitably means that national, regional and local priorities that shape the allocation of resources are typically determined without meaningful input from women. This is problematic because the life experiences of women give them a unique awareness of the community's needs, concerns and interests. We must work to ensure that at least 30 percent of positions in decision-making bodies are held by women by providing funding for programs that ensure adequate female education and access to economic opportunities.
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Title & Number:	Using Testing As A Means To Evaluate Language Access In Hospitals (141)
Learning Objectives:	Upon completion of the presentation, participants will be able to: 1. Define what testing is in social science research. 2. Explain the process of testing in the context of monitoring the availability of language services. 3. Identify the benefits of using testing in evaluating language access in health care. 4. Summarize a study in which testing was used to evaluate the accessibility of language services in hospitals.
Issues:	Research indicates that the lack of adequate communication between a patient and a health provider can cause misunderstandings, misdiagnosis, poor patient compliance, inappropriate follow-up, and poor patient satisfaction. Federal civil rights laws require that federally funded health care providers offer language assistance and make available interpreters upon request to those with limited English proficiency. California law requires hospitals to provide interpretive services when at least 5% of the patient population speaks the same primary language. However, language services continue to be lacking, and non-anecdotal assessments from the patients' perspective are difficult to achieve. Testing provides a viable means to evaluate language access at hospitals.
Description:	Testing, or auditing, is a social science research technique which compares the treatment of individuals who present equal qualifications and similar traits to an employer or service provider, except for one demographic variable (i.e., race, gender, or national origin) that is being tested. A testing study will be released in January 2005, where testers who pose as ostensibly monolingual speakers of Spanish, Cantonese, Vietnamese, and Tagalog are sent to hospitals in Northern California to request the same services. Over 520 tests will be completed in the only testing study in health care to be conducted in Asian languages and on the West Coast.
Results:	Preliminary results indicate that in at least 8 out of 12 hospitals tested, limited English proficient patients received hang-ups on the majority of calls they made. Testing can provide very specific information about where solutions for improving language access can be developed. For example, information from testing can point out if institutional protocols, employee training, the hospital phone system, or general resources for language services need to be strengthened. Information from testing studies can improve care and access for limited English proficient patients, whose numbers are rapidly growing in many communities throughout the U.S.
Recommendations:	Partner with organizations with an expertise in testing to examine where gaps exist in access to health care Use findings from testing to inform health care policy, public policy, advocacy, and litigation Continue to use testing as a methodology to capture the undocumented discrimination impacting health disparities for new immigrants and communities of color
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Title & Number:	Project EXPORT's Educational Pipeline: To Mobilize Youth Toward Health Careers to Eliminate Health Disparities (143)
Learning Objectives:	Upon completion of this presentation, participants will be able to identify: (1) culturally relevant strategies for exposing students to health careers, (2) strategies to teach youth about health disparities, (3) the benefits of community engagement.
Issues:	Minority individuals committed to eliminating health disparities are needed in the health professions.
Description:	The objective of the pipeline is to identify individuals from minority populations at various levels within their education (from elementary, middle, high school to undergraduate, graduate and professional schools) to educate them about health disparities and engage them in health careers leading to a focus on health disparities. Thirteen high school students from the Genesee Area Skill Center attended classes twice a week to address a wide range of health careers, health disparities and the need for underrepresented populations in the health care professions. Sixty-one 5th and 6th graders completed a curriculum focused on promoting health careers and understanding health disparities.
Results:	As a result of the success of the 5th and 6th grade program, the Project EXPORT Explorers project was created. The project allows the students to visit campus to attend classes, workshops, and presentations focused on health careers and health disparities.
Recommendations:	Efforts to recruit minorities into health careers should begin in elementary school and must be culturally and age-appropriate to expose students to health careers which will enlist them in the "war" on health disparities.
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Title & Number:	Building Immunization Surveillance Capacity in Tribal Health Programs (145)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. List three initial steps in building capacity for tribal immunization surveillance. 2. Describe the impact of an active reporting system versus a passive system. 3. Identify the two surveillance components of the Immunization Project.
Issues:	An organization of 24 federally recognized tribes lacked the funding and personnel capacity for immunization surveillance. In 2001, the organization was funded under a capacity building grant from the CDC's Racial and Ethnic Approaches to Community Health (REACH) 2010 initiative to increase surveillance for immunization coverage and vaccine preventable diseases, provide training and technical assistance to member tribes, and hire a coordinator for the Immunization Project.
Description:	The Immunization Project assessed the baseline surveillance capacity of each tribal site. The project worked with the Indian Health Service area office to ensure each tribal site had the Immunization Registry installed. Immunization Registry training was provided to the tribal immunization coordinators and tribal immunization reports were collected quarterly. Incidence of vaccine preventable diseases (VPD) was taken at baseline and is done annually. The Project provides ongoing training and technical assistance for tribal personnel. Tribal health personnel are issued reports on the accomplishments, current activities, and future initiatives of the Project.
Results:	The number of tribes utilizing the Immunization Registry has increased from 10 to 18 and the number of tribes submitting quarterly reports rose from 9 to 20. The population of children tracked for immunization coverage has increased from over 300 to more than 1500 without a significant decline in coverage. The Project has conducted technical trainings for tribal personnel on the immunization registry as well as other immunization issues.
Recommendations:	The Immunization Project recommends continued training and technical assistance for tribal personnel. A more sensitive and specific surveillance system for reporting of vaccine preventable diseases needs to be implemented. Data linkages between tribal and state immunization registries should be established to increase the completeness of reporting immunization coverage.
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Title & Number:	The Primary Provider Theory: A Paradigm for Measuring Minority Patient-Centered Care and Satisfaction (146)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Explain The Primary Provider Theory and its potential for improving minority patient-centered care and satisfaction 2. Use the Theory to measure minority patient-centered care and satisfaction 3. Identify patient-centered provider behaviors that increase minority patient satisfaction.
Issues:	The Institute of Medicine recommended that providers adopt a new model of patient-centered care, respecting patient's needs, preferences, and values; yet, minority patients often experience a lack of this care. Health disparities and the absence of an accepted measurement theory are evidence that little progress has been made. The Primary Provider Theory offers an opportunity to advance minority patient-centered care and satisfaction.
Description:	This project tests The Primary Provider Theory's ability to measure minority patient-centered care and satisfaction. The project also measures the effect of patient-centered care on patient's satisfaction with, confidence in, and likelihood of to recommend a provider. Also the Theory is compared to a rival model to further challenge its plausibility.
Results:	Explaining 78 percent of overall service satisfaction, The Primary Provider Theory was sustained for measuring minority patient-centered care. Patient-centered care increased satisfaction, ratings of care, and the patient's likelihood to recommend the clinic by .825, .782, and .744 units. Also patient-centered care increased the satisfaction with, confidence in, and likelihood to recommend the provider by .903, .865, and .845 units, explaining 82 percent its variance.
Recommendations:	It is recommended that The Primary Provider Theory be employed to measure and improve minority patient-centered care and satisfaction and to inform medical education. It is recommended that providers give minority patients clear explanations, show concern for their questions and worries, include them in decisions, provide them with drug information and follow-up care instruction.
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Title & Number:	Collecting Cancer Data in a Community-based Study among American Indian and Alaska Native (AI/AN) Patients (147)
Learning Objectives:	Participants will be able to: 1. Discuss barriers to collecting data in AI/AN communities. 2. List steps to build community support for research. 3. Describe data linkage between existing and project databases.
Issues:	Challenges to delivery of care in AI/AN community settings—trust, fragmentation of care, geographic distances—also affect data collection. Demonstrating intervention effectiveness requires AI/AN patients to trust groups collecting data and a data management system sensitive to these issues.
Description:	The authors describe approaches to collect data from a cancer patient navigator intervention in two AI/AN clinics. Few data on previous cases were available. Comparison groups were problematic because of implied criticism of other tribes' efforts to address cancer and because of high rates of racial misclassification of AI/ANs in existing databases. Geographic distances between clinics and project staff, software changes, and turnover in site personnel complicated data collection.
Results:	Following extensive outreach in the broader AI/AN community and revised informed consent documents, the number of patients willing to share health data increased. Comparison groups were obtained through data linkages with state cancer registries. AI/AN clinic navigators reviewed data procedures; personnel stabilized; and software issues were resolved, improving data quality and quantity.
Recommendations:	To collect accurate data in AI/AN communities, trust among the community, clinics, and researchers must be established. Budgets for community-based projects among AI/AN populations should include funding for outreach, a pilot/trial period to test data collection and transfer logistics, and linkages to state cancer registries. Reviewers of research and demonstration grants need to be acquainted with the realities of collecting data among minority populations.
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Title & Number:	Empowering African-American Churches to Address Tobacco Use in Communities of Color (149)
Learning Objectives:	At the presentation's conclusion, participants will be able to: 1. Describe efforts to address the tobacco-related health disparity in African-American communities 2. Describe how to implement a cessation program in the faith-based community.
Issues:	The oral presentation corresponds to the "Culture, Language and Health Literacy" track.
Description:	PA data indicates that 36% of African-American men and 30% of African-American women smoke tobacco, compared to 25% of White males and 23% of White females. The long-term effects are seen in the higher incidence of lung cancer, heart disease and asthma deaths in African-Americans. Love Thy Neighbor (LTN) offers a culturally-relevant, community-based approach to addressing the high rates of smoking among African-Americans. Launched in September 2004, it was piloted in 10 African-American churches in Philadelphia. The faith-based tobacco cessation program builds on strong relationships that are formed within the Black church and the leadership role that churches have historically played in African-American communities.
Results:	Love Thy Neighbor has effectively engaged Black churches in 3 cities—Philadelphia, Harrisburg, and Pittsburgh. Nearly 20 churches are participating as partners, with 40 facilitators trained to host church smoking cessation classes. Twelve churches have held cessation classes. Outreach efforts have involved church health ministries who promote LTN classes and resources. Almost 20,000 information pieces have been included in church bulletins and distributed amongst African-American communities in 3 markets. Mass media has featured radio advertising on 11 stations and includes the LTN toll-free number, (1-877-LTN-QUIT). LTN, cited as meeting Best Practices by the Centers for Disease Control (CDC), was also featured on the Tom Joyner Morning Show, a national radio program. Over 700 calls have been placed to the LTN number.
Recommendations:	Culturally-appropriate community programs will continue to be important in eliminating health disparities.
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Title & Number:	Identifying, Packaging and Disseminating Effective Behavioral Interventions for African Americans and Hispanics at Risk for HIV Infection (151)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Explain how effective HIV/AIDS prevention behavioral interventions are identified. 2. List 8 packaged effective HIV/AIDS behavioral interventions for African Americans and Hispanics/Latinos. 3. Identify sources of training and technical assistance for implementing packaged effective HIV/AIDS behavioral interventions for African Americans and Hispanics/Latinos.
Issues:	HIV/AIDS disproportionately affects racial and ethnic minority populations. With no cure or vaccine in sight, the best tools are interventions that are effective in promoting protective behaviors to prevent HIV transmission. Behavioral scientists are improving interventions and have tested several for at-risk African Americans and Hispanics. Identifying, packaging and disseminating effective HIV prevention behavioral interventions can reduce the disproportionate health impact of HIV and AIDS.
Description:	Three Centers for Disease Control and Prevention projects work together to move effective HIV interventions into program practice. The Prevention Research Synthesis project identifies effective interventions by conducting systematic literature reviews and applying rigorous efficacy criteria. The Replicating Effective Programs project works with intervention developers to convert scientific protocols into materials for use by prevention providers and to test the materials' ease of use. The Diffusion of Effective Behavioral Interventions project coordinates dissemination of packaged interventions and provides implementation training and technical assistance.
Results:	The Synthesis project has identified 40 evidence-based interventions designed specifically for, or tested mainly with, African American or Hispanic populations. Most of these interventions were published after 1999. The Replicating project has thus far packaged 8 of them. Since 2002, the Diffusion project has disseminated 11 interventions for these populations and provided training to 945 HIV prevention agencies serving minority communities in the United States. Five additional interventions are currently in the packaging and disseminating process.
Recommendations:	There is unsatisfied demand for effective behavioral interventions for racial and ethnic groups most affected by HIV/AIDS. Prevention agencies working with African American and Hispanic populations should consider implementing these effective interventions to reduce HIV risk within their community.
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Title:	Measuring the Costs of Language Barriers in Health Care (152)
Learning Objectives:	Upon conclusion of this presentation, audience members will be able to identify how language barriers impact satisfaction with and costs of an inpatient hospital stay and how professional interpreter services modify that impact.
Issues:	Citing their cost, many health care providers do not provide adequate linguistic access services for the 21 million US residents who speak English less than “very well.” They do not take into account the cost of the consequences of not providing them or the potential benefits of improving communication with their patients. This is due in part to the paucity of data documenting the costs and benefits of interpreter services.
Description:	The goals of this project were to provide data on the costs of not providing adequate interpreter services and to measure the costs and benefits of a Spanish language interpreter service intervention. We recruited patients on the medicine service of a public hospital over a 6 month period into 1 of 3 groups: patients who spoke Spanish and received the interpreter service intervention (SS-I), patients who spoke Spanish and received usual care (SS), and English speaking patients (ES). We collected demographic, satisfaction, length of stay, test utilization and “adherence to follow up” data on each participant.
Results:	A total of 325 patients were recruited: 124 in the SS-I group, 99 in the SS group, and 102 English speakers. At the time of the summit, the authors will present results of analyses exploring differences in satisfaction, length of stay, test utilization, “adherence to follow-up” and costs across the three groups while controlling for demographic factors, diagnosis and comorbidity. The authors hypothesize that the SS-I group will have higher satisfaction, shorter length of stay, lower test utilization and lower hospital costs overall compared to the SS group; that there will be no significant differences in these factors between the SS-I and ES groups; and that patients in the SS group will have higher costs and utilization and lower satisfaction than patients in both the SS-I and ES groups.
Recommendations:	We hope that our findings will demonstrate that interpreter services have a positive impact on the cost and quality of health care and will motivate more health care organizations to provide them.

Title & Number:	Predictors of Mammography Screening Among African Americans and Latinas in a Faith-Based Breast Cancer Education Program (153)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe a faith-based education program that mobilizes minority women to obtain breast cancer screening services. 2. Identify successful strategies that faith-based programs can adopt to increase mammography use. 3. Compare the effectiveness of different kinds of participation on mammography use.
Issues:	Mammography screening is an effective method to assure survival, yet little is known about the effectiveness of faith-based initiatives that are designed to increase mammography utilization for minority women. Previous research has reported the effectiveness of interventions either for African Americans or Latinas but this study assessed the effectiveness for both populations in separate models. Uniquely, this study investigated the "type" of participation and "intensity" of participation and the discrete components of participation (e.g., pastor announcement) on mammography use.
Description:	This study examined specifically the contribution of knowledge of breast cancer and type and intensity of participation in a church-based breast cancer education program on mammography screening.
Results:	Using logistic regression, "passive" participation, measured by information that was heard/seen/read, was found to be significantly associated with the likelihood of mammography use among African Americans. Moreover, African Americans who reported hearing/seeing/reading about mammograms at their churches four or more times were 15 times more likely to report mammography use within the past year than those who encountered the information once. Messages from pastors and church bulletin announcements were the most significant predictors. For Latinas, none of the knowledge or participation variables was found to be significant.
Recommendations:	Messages delivered by a pastor and underscored in a church bulletin may be very cost-effective methods to influence mammography use. Repetition of the early detection message appears to be a key to success. An analytic framework that examines screening behaviour separately by race/ethnicity provides an opportunity to detect differences in the pathways to screening that a joint model would obscure.
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Title & Number:	National Healthy People objectives to reduce disparities: Unfinished business (154)
Learning Objectives:	At the conclusion of this presentation, participants will be able to: 1. Describe the evolution of objectives to reduce disparities 2. Evaluate the success of selected objectives to reduce disparities 3. Explain the need to define what it would mean to eliminate disparities
Issues:	Beginning in 1980, there were two national objectives to reduce disparities by race and ethnicity by 1990. In 1990, there were many more objectives to reduce disparities for special population groups by race and ethnicity, gender, income, age, and disability by 2000. In 2000, there was an overarching goal to eliminate disparities among subgroups of the population by gender, race and ethnicity, education or income, geographic location, and disability status by 2010. During the first two decades, the number of objectives was limited and progress toward reducing disparities could be measured in terms of specific targets. In Healthy People 2010, the scope of the goal was greatly expanded but there was no discussion of how progress would be measured or how success would be evaluated.
Description:	The disparity objectives for 1990 and 2000 could be evaluated because they were tied to specific targets. Consensus has been reached on the measurement of disparities and changes in disparities for 2010. Disparities are measured in relative terms, from the best group rate, and indicators are expressed in terms of adverse events. Disparity is reduced when the relative difference from the best group rate declines. Progress toward reducing disparities can, therefore, be measured.
Results:	Neither of the objectives for 1980 was attained. Progress was made toward reducing disparities for at least half of the special population groups by 2000 but very few special population targets were achieved. At the midcourse for Healthy People 2010, disparities have declined for some groups and increased for others. There are no changes in disparity among population groups for the great majority of objectives and no systematic evidence of reductions in disparity except by gender.
Recommendations:	The second goal of Healthy People 2010 calls for eliminating disparities. In order to make reductions in disparity by the end of this decade, more weight needs to be given to this goal. In addition, the goal to eliminate disparities has not been completely defined. What would it mean to eliminate disparity? How small would a difference have to be to say that "parity" has been achieved? If the goal to eliminate disparities cannot be defined in measurable terms, it is not attainable. The question of what it would mean to eliminate disparity should be addressed.
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Title & Number:	Florida Masters Data and Empowers Communities with CHARTS A Web-Based Community Health Assessment Resource Tool Set (155)
Learning Objectives:	Following this session the attendee will be able to: 1. Identify the key requirements for working collaboratively with community based organizations to develop a web-based data retrieval system 2. Identify the components of a community-based health assessment 3. Identify how community-based health assessment data combined with vital statistics data may be used to target programs, especially disparate populations. 4. Identify the advantages of have web-based community specific data.
Issues:	“How healthy are our residents?" and "What does the health status of our community look like?" In times of budget constraints public health agencies must be well informed and act wisely to insure that at risk populations are being identified and served.
Description:	Florida’s CHARTS (Community Health Assessment Resource Tool Set) leads the nation in web-based technology that provides residents with information about the health status of their communities. The CHART system insures that the community's priorities consider specific health status issues, such as high diabetes death rates or low immunization rates. Furthermore the system may be used to target disparate populations by allowing both the public and private sectors as well as federal, state and local authorities to identify gaps in community resources and compare disease prevalence statistics within various community populations.
Results:	The CHART system has been fully implemented and is being used successfully by the individuals and agencies in Florida including the state and local health department and community based organizations. The agencies use the system to identify gaps in service and to evaluate change in health outcomes in Florida communities.
Recommendations:	Identify the challenges of incorporating national data into a community health assessment tool. Identify the key requirements for working collaboratively with community-based organizations to develop a web-based data retrieval system. Before you begin a statewide data collection system, gain a thorough understanding of challenges faced in choosing and managing program evaluators.
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Title & Number:	Sobering Public Health Disparities Among African Americans In A Major U.S. City (156)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify and examine public health disparities in African American communities in major urban areas 2. Replicate key standardized public health outcome and related measurements for comparable community or census tract geographic analyses in other similar urban locations 3. Articulate the geoscience contribution in support of cost-effective investment and related public health policy decisions at the community or census tract level of geography in urban areas
Issues:	Through the indispensable role of geoscience and spatial-statistical tools the problems addressed include the need to (1) assist state and local planners and policymakers in the justification and allocation of more cost-effective public health and disease prevention investment, especially in light of sparse budgets, and (2) sound what may be potentially a national alarm on similar public health disparities in other urban U.S. African American communities.
Description:	Through the use of Geographic Information Systems (GIS) and census tracts, we examine far more realistically--than is possible by inference or extrapolation of similar national, state, and county measures--those public health differentials that characterize African American communities in a major U.S. city. Public health and related inequalities appear to be easily visualized and understood at the census tract level of geography and the results provide important, if not alarming, evidence of African American citizens in distress. Key variables examined include standardized measures of poverty and unemployment, environmental lead exposures, maternal prenatal care, infant mortality, access to health care, and years of potential life lost.
Results:	African American families and children in urban communities of the study city bear an inordinate public health burden in terms of basic and related measurements of societal health and well being. High and immediate concern for this and potentially similar disparities in other urban U.S. African American communities must become, and remain, a national priority.
Recommendations:	Given the growing scarcity of public health investment dollars at state and local levels, and the sobering public health needs of African American urban communities, there exists an urgency for cost-effective investment in the disease prevention and elimination of poor health conditions in these settings. Geospatial tools can be employed to 1) identify African American communities at highest public health risks, 2) guide investment and monitor change in existing disparities over time, and 3) provide the public health planning community indispensable science upon which allocation decisions can best be realized.
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Title & Number:	Promoting Childhood Immunizations in African American Communities: A Multi-Disciplinary Approach (157)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify social and cultural factors that impede African American parents from immunizing their children on-time 2. Describe media and marketing activities that target hard-to-reach audiences to encourage behavior change 3. Discuss immunization promotion efforts that engage community members and providers
Issues:	The 2003 California Kindergarten Retrospective Survey indicates that only 60% of African American toddlers completed their necessary immunizations by 24 months. In order to improve coverage rates among African Americans, a tailored outreach plan was developed to address unique barriers.
Description:	A series of focus groups were conducted with African American parents of children under age 3. Groups explored attitudes and perceptions about immunizations, trusted information sources, and preferred communication channels. Trained culturally sensitive volunteers led the discussions.
Results:	Overall, participants believed immunizations were important; however, significant barriers exist including: 1) concerns about vaccine safety, 2) feelings of helplessness and anxiety when children experience pain, and 3) lack of culturally competent care. Parents required education about vaccine-preventable diseases, vaccine content, function, and side effects. Trusted information sources included medical professionals, community representatives, family members, and other parents. Word-of-mouth was indicated as the most beneficial means of information dissemination.
Recommendations:	A multi-disciplinary approach targeting parents and providers is recommended to address disparities and promote immunizations. Components include: 1) using culturally appropriate media, print, and personal channels to increase awareness of immunization benefits and the risks of not getting immunized, 2) developing a culture of client-oriented care at immunization delivery sites by training providers on cultural competency, and 3) mobilizing community members as immunization advocates to disseminate messages.
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Title & Number:	Changing Practice, Changing Lives: The Development of a Support Network for Adults with Diabetes (159)
Learning Objectives:	At the conclusion of this presentation, the participants will be able to: 1. Describe efforts to improve population health involving diverse partners from multiple sectors. 2. Explore an innovative set of skills and tools to help patients and providers navigate a system of care. 3. Identify processes used by partnerships in developing programs that mobilize the community to focus on disparate issues.
Issues:	Persons living in underserved populations suffer disproportionately from chronic diseases due to a lack of access to quality care, poor self-management and inconsistencies in health care delivery. Established to reduce health disparities among the medically underserved population, the Managing Your Diabetes Program (MYD) seeks to improve the quality of care provided to people living with chronic illnesses such as diabetes through community programs that offer self empowerment and a medical support network.
Description:	Improving chronic illness care requires a transformation of health care from a system that is essentially reactive to one that is proactive and focused on keeping people as healthy as possible. In order to transform the system of care for diabetics at Matthew Walker Comprehensive Health Center, the MYD Program developed goals to work on six elements: decision support, clinical information systems, delivery system design, organization of health care, self management, and community programs. Although the challenge was formidable, the MYD program supports patients in becoming effecting managers of their own health. The MYD program provides educational seminars on disease topics, health screenings to identify risk factors and prevent complications of disease and provide support. Patient empowerment is encouraged, goal setting established and achievable patient outcomes documented through the use of the Patient Electronic System.
Results:	Data collection for patients and achievements of performance milestones are documented as proof of patients obtaining targeted goals and understanding the management of their disease. For instance, of 239 participating patients, 70% have created a self management plan, 39% have received A1C test and 34% have shown improvements with their ability to manage and control their disease.
Recommendations:	From this study, it was determined that the MYD program efforts were proven successful in improving health outcomes and establishing a supported infrastructure. Additional research should be followed to assess the overall impact on larger populations.
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Title & Number:	Identifying and Addressing Disparities: A Case Study of the Massachusetts General Hospital Experience (165)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe a useful organizational strategy for addressing racial/ethnic disparities in health care at the hospital level. 2. Identify several specific mechanisms for assessing disparities and intervening, building on the hospital's existing infrastructure.
Issues:	Racial/ethnic disparities in health care quality have been widely documented. However, the nature of and potential solutions to these disparities vary dramatically by hospital characteristics and populations. In order to improve quality and eliminate disparities at the hospital level, organizations must assess the specific disparities within their own walls and intervene effectively.
Description:	In 2003 Massachusetts General Hospital formed the MGH Disparities Committee. Its charge was to: • Identify key areas where racial/ethnic disparities in health care exist at MGH • Develop solutions to address these disparities • Coordinate efforts with the Mayor of Boston's citywide disparities initiative The committee, composed of leaders from administration, clinical care, and patient services, used recommendations from the IOM's "Unequal Treatment" report as a starting point. They formed three action-oriented subcommittees: quality, patient experience and access to care, and education/awareness.
Results:	Each subcommittee developed ongoing mechanisms of identifying and addressing disparities in care. For example, the Quality Subcommittee has produced an MGH demographic profile, stratified patient satisfaction surveys by race/ethnicity, developed a disparities dashboard, and examined quality of primary care services. The Patient Experience and Access Subcommittee has convened a multicultural advisory board of patients and minority community leaders to advise MGH, and completed a survey on minority patients' experiences of care. The authors will describe these and other strategies.
Recommendations:	Hospitals should develop action-oriented committees focused on identifying and addressing specific racial/ethnic disparities in their delivery of health care. They should link their work on disparities to existing efforts within the organization, such as quality improvement and diversity.
Notes:	

Title & Number:	The Role of Faith-Based Institutions in Improving Wellness and Delivering Health Messages (166)
Learning Objectives:	At the conclusion of this presentation, participants should be able to: 1. List multiple reasons why faith-based institutions are an important component of community-based research in racial/ethnic communities. 2. Identify strategies community-based organization may use to obtain support from local churches. 3. Describe community and systems changes faith-based institutions have implemented.
Issues:	Many racial/ethnic communities have not been treated fairly when participating in research activities. Faith-based institutions are the cornerstone of most racial/ethnic communities and can be a powerful force in instituting community and behavioural change. Academic and public health professionals are learning the true meaning and importance of community involvement and ownership in community-based participatory research.
Description:	Church interventions often include such activities as physical activity classes, nutritional or cooking seminars/demonstrations, and support groups for the community. Many churches have also developed the capacity to train lay health workers for health promotion leadership and advocacy efforts.
Results:	Determining among who and how to receive buy-in of a faith-based institutions is the first step in implementing community and systems change. It may be necessary to seek the support of clergy, first ladies, and/or church cooks to ensure that intervention activities are carried out effectively, which translate to local or community policy changes for how routine activities are conducted to improve overall social, physical, and spiritual health.
Recommend ations:	Encouraging faith-based institutions to have buy-in and ownership in community-based participatory research improves the health and wellness capacity of the community as a whole. More of these venues should be considered as a vehicle for implementing community and systems change at the community level.
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Title:	Measuring US Pacific Islander Health: Opportunities and Challenges with Existing Data Resources. (170)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify key benefits and limitations of the "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity" OMB Directive 15, signed on October 30, 1997 as it pertains to Pacific Island populations. 2. Identify challenges, barriers, and gaps in understanding health profiles of US Pacific Islanders. 3. Recognize the value of research and data needs of under-represented populations to determine how their health profiles compare to larger population groups.
Issues:	Research on the health of the US Pacific Islander population is limited. Health profiles on this subpopulation continue to face a variety of obstacles including data availability, lack of baseline information and small number of cases in national health surveys to conduct robust analysis. Traditionally, statistical reporting aggregates Pacific Islanders with Asians, creating measurement problems due to the high level of heterogeneity within this broad category. Under the new federal guidelines for race and ethnicity developed by the OMB, opportunities emerge to establish baseline demographic, SES, and disability profiles of Pacific Islanders and its subgroups. This directive remains limited however and confidentiality issues restrict detailed reporting on Pacific Islanders.
Description:	This project provides a comprehensive review of available data on Native Hawaiian/Pacific Islander (NHPI) health and reports on both the current understanding and barriers that exist in the collection and reporting of data on this group. Using the 2000 PUMS and mortality records provided by NCHS, demographic, SES and mortality profiles of NHPI is exhibited.
Results:	Heterogeneity within this subpopulation is highlighted and pattern of cause-specific mortality for the past decade are presented showing variation by ethnicity and SES.
Recommendations:	Future health policy decisions, interventions and programs that address unmet health needs of US Pacific Islanders and eliminate health disparities depend upon data resources. The authors compare NHPI health indicators to other racial/ethnic groups to highlight important disparities in health and suggest new directions toward a better understanding of the health profiles of this subpopulation.

Title:	Linking Clinical Research and Practice to Reduce Health Disparities: A Conceptual Model (171)
Learning Objectives:	Following this presentation the participants will be able to: 1. Describe a conceptual model that addresses health disparities in communities experiencing disproportionate illness burden while simultaneously involving nurses from minority backgrounds in the research process. 2. Identify the use of the conceptual model in community health research. 3. Define the term “circle of mentors”.
Issues:	The *National Institutes of Health Strategic Research Plan to Reduce and Ultimately Eliminate Health Disparities 2002-2006* emphasizes the need to improve the nation’s health by developing knowledge surrounding prevention, detection, diagnosis, and treatment of disease and disability with a special focus on racial/ethnic minority populations. Despite this call to action there are few conceptual models to guide training, clinical practice, and nursing research in these vulnerable populations. Drawing on an extensive review of literature and early experiences developing research within minority communities, a conceptual model to guide research and research career development has been developed.
Description:	A collaborative team of researchers, including senior scientists, students and trainees from multicultural backgrounds, are part of the context for each study. A “Circle of Mentors” provides opportunities for participants to immediately apply and “give back” newly gained understanding and insights. Use of mixed methods captures the richness in variation across communities.
Results:	This model has been used as the framework for two community-based studies. Study participants and researchers have become partners in a search for explanations of factors contributing to disparate health outcomes. The program has also developed special focus on translation and the variation of operational definitions in different languages and cultural contexts.
Recommendations:	Building a program of health disparities research including training and practice applications in a “living laboratory” offers an interpersonal experience for nurse researchers, study participants and community members to enhance the possibility of translating research into practice.

Title & Number:	Community Verification Of Comprehensive Needs Assessments Addressing HIV And Diabetes: Lessons Learned Along The Way (172)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Explain community-based participatory research 2. Articulate strategies for working with community partners in assessing community assets and deficits in a culturally appropriate manner 3. Discuss lessons learned from a community verification process of needs assessment data.
Issues:	Developing research approaches that facilitate collaborative partnerships between researchers and community agencies is instrumental in impacting health disparities.
Description:	As part of a NIH funded project, community and university partners united to apply community–based participatory research principles in the development of health behavior change interventions to address health disparities regarding HIV/AIDS and Diabetes in an African-American population. Community partners were engaged in reviewing epidemiological data collected at the local and state level, elicitation interviews with key community members, development of focus group questions and protocol as well as survey questionnaires. Partners reviewed all data collection instruments and provided feedback regarding cultural appropriateness.
Results:	The results of 13 elicitation interviews, 6 focus groups, and 400 surveys were analyzed with major themes disseminated and presented to community partners and the community at large for verification through the use of community dialogues.
Recommendations:	Authentic partnerships must facilitate the involvement of partners at all phases of project development including research design and protocol, instrumentation, data collection and intervention development.
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Title & Number:	Partnership to Reduce Disparities of Asthma and Obesity in Latino Schools (174)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe how to utilize community based participatory research to engage community organizations in school health advocacy. 2. Explain how community based organizations develop a leadership team to work on school health. 3. Develop an assessment and evaluation framework using community based participatory research.
Issues:	Schools serving minority and low income students suffer disproportionately from environmental hazards, include poor indoor air quality and nutritionally poor food that contribute to high incidence of asthma episodes and high prevalence rate of obesity in children.
Description:	The Partnership to Reduce Disparities in Asthma and Obesity in Latino Schools brings together community-based organizations, advocacy organizations, health care providers and a university partner. The Partnership uses a community-based participatory research model to create a community-led process for addressing public health issues related to asthma and obesity in two Latino communities—one predominantly Puerto Rican and one predominantly Mexican. The goal of this project is to develop effective strategies for motivating and empowering parents, students and community members in minority urban communities to impact school policies relating to environmental health and school food.
Results:	A major challenge in all our work is to help individuals, communities and schools make the connection between learning, health, and the environment The partnership has found that linking issues of asthma and obesity to discussions of disparities and social justice is crucial to make these important connections. When environmental health and school food issues are framed from this point of view, community groups have been able to bring community members to the table and link this work to other community efforts and issues facing Latino communities in Chicago. Additionally, we have realized that nothing is more important than who is actually disseminating and crafting those messages and how these messages are conveyed.
Recommendations:	The community is so crucial to the success of improving school environmental health, it is also important to identify effective models of community organizing that work well in a school setting. The experience to date suggests that a community organization with an established methodology for organizing represents an invaluable community asset, which can be used effectively for health promotion and health partnerships.
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Title & Number:	Early Hearing Detection and Intervention Program for Minority and Underserved Families (178)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify the key goals of Early Hearing Detection and Intervention (EHDI) programs 2. Enumerate the barriers that minority families may face when looking for EHDI services for their children 3. Analyze how public awareness may help minority families better access EHDI services
Issues:	EHDI programs across the United States have been playing an essential role in helping to identify children born with hearing loss. However, in 2003 only about 55% of the children who screened positive were reported to have received recommended follow up services (e.g., diagnostic audiologic evaluation). This is referred to as "loss to follow-up". Factors predicting non-compliance with recommended follow-up are believed to be predominantly sociodemographic and include among others non-white race, no health insurance, young maternal age, more that two children at home, and late onset of prenatal care.
Description:	In order to help address the "loss to follow-up" issue among minority populations, representatives from several states, as well as national and local organizations working with minority populations, were invited to participate in the EHDI diversity committee. The purpose of the committee is to identify and prioritize the issues and barriers minority populations may face in receiving EHDI services and to develop strategies to help ensure equal access for all families. As part of these efforts, culturally sensitive educational tools are being developed to help parents from diverse groups understand the EHDI process.
Results:	The Diversity Committee developed a list of issues believed to affect access to EHDI services by minority populations. EHDI educational materials were adapted to reflect the needs of the Hispanic community and translated into Spanish. The same process is being used to develop other educational tools.
Recommendations:	Promote the use of evidence-based strategies by EHDI programs to develop culturally sensitive outreach for minority populations. Raise awareness and open dialogues related to EHDI minority issues through different activities (e.g., educational campaigns, newsletters, website, conferences, partnering with minority organizations etc.)
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Title & Number:	Changing Lives: Bronx Health REACH Faith-based Outreach Initiative (179)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Analyze the development of the Bronx Health REACH Faith-based Initiative 2. Summarize how the project has influenced participants' diet and church menus, and grew to include a train the trainer fitness program 3. 3. Identify the pastors' roles in promoting healthy living and awareness of disparities in their congregation
Issues:	Faith-based organizations play a powerful role in the communities served by the Bronx Health REACH Coalition. The goal was to engage pastors in the process of change – to educate them to address health promotion and disease prevention from the pulpit, and to play a leadership role in the elimination of health disparities.
Description:	The presenters will share how the faith-based initiative was started, including successes and challenges, how it is being maintained, and the importance of involving both pastors and designated coordinators in complementary activities. They will discuss such program specifics as changing church policies by educating the congregation and the culinary committees; increasing the amount of fruits and vegetables in the food packages distributed by the church food pantries; creating several church based support groups for weight management and fitness; and, developing a 'train-the trainer" fitness initiative to implement fitness programs in each church.
Results:	The Bronx Health REACH faith-based initiative has demonstrated that it is possible to: 1. Engage multi-denominational faith leaders in a united effort to eliminate racial disparities in health outcomes 2. Use church structures as venues for education and intervention 3. Change church policies
Recommendations:	Communities seeking to address racial and ethnic disparities in health should include faith-based organizations in their strategies for change. Given their demonstrated ability to pull people together, to motivate and to inspire, there is great potential for faith-based interventions, and models developed through such interventions, to address health disparities.
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Title & Number:	REACHing Vietnamese Women: A Community Model for Promoting Breast Cancer Screening (180)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Know that breast cancer is the leading cancer among Vietnamese women 2. Understand the design of the Lay Health Worker Outreach (LHWO) program 3. Assess the impact of LHWO by the analysis of data from pre- and post-intervention surveys of participants.
Issues:	Breast cancer is the leading cancer among Vietnamese women in California, yet rates of breast screening tests (annual clinical breast examinations [CBEs] and mammograms) among these women are low.
Description:	A Coalition of Vietnamese community-based organizations (CBOs) in Santa Clara County, California, is implementing a LHWO program for Vietnamese women. Over 3 years at 5 CBOs, they will train 50 LHWs who will, in turn, teach 1100 women about breast cancer, CBEs and mammograms. They train LHWs about research, recruitment, outreach, and teaching strategies, and about breast cancer screening. Participating women are randomized into intervention and control groups. Pre- and post-test telephone surveys are administered to all participants. LHWs organize small discussion groups and use culturally and linguistically appropriate educational materials to raise participants' awareness of breast cancer.
Results:	Analysis of first agency data for 220 intervention and control participants shows an increase between pre- and post-intervention in receipt of CBEs (61% at pre-, 84% at post-, $p<0.0001$) and mammograms (86% at pre-, 95% at post-, $p=0.002$) among women receiving the LHWO. From pre- to post-intervention, more intervention group women knew the causes of breast cancer compared to control group women. The proportion of women who knew the age women should start CBEs and mammograms increased significantly in the intervention group. The intervention also had a significant effect on intervention group women's planning a mammogram within the next 12 months (87% to 94%, $p=0.03$) compared to control group women (87% to 81%, $p=0.22$).
Recommendations:	To further reduce the rate of breast cancer among Vietnamese women, more funding is needed to support LHWO activities to encourage all Vietnamese women in Santa Clara County to obtain regular breast cancer screening. In addition, a patient navigator program is needed to assist Vietnamese women who want breast screening, and women who have abnormal test results, by referring them to appropriate providers.
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Title:	The Faith Based Model: A Framework For Reducing Ethnic Substance Abuse Disparities (185)
Learning Objectives:	At the session conclusion, the participants will be able to: (1) Demonstrate knowledge of the four model phases; (2) Demonstrate knowledge of the twelve participant strategies as applied to their home community; (3) Demonstrate three evaluative techniques used in outcome and process evaluative techniques/analysis.
Issues:	Drug and Violence problems exist in minority communities. These issues are caused by economic, social, geographic or educational forces. Nobles indicated that the emerging drug culture is antithetical to African-American culture. The cultural theme of "Sense of Excellence" literally requires that behavior be governed by the necessity to be the best, to seek goodness and to achieve the highest honor. Emphasized is mutual aid, the family, adaptability, natural goodness, inclusitivity, unconditional love, and respect for elders. The Faith Based Prevention Model can assist community members implement and evaluate prevention programs that are designed to help youth grow up drug and violence free.
Description:	The Faith-Based Model is not a program, but a constellation of planning/program strategies that combined have a positive impact on youth, faith members, and the community. The models components are based upon the scientific health promotion and drug prevention programmatic literature and adapted for a faith environment. Phases include: (1) community development, readiness, and empowerment; (2) church leader training and action planning; (3) program implementation and evaluation; and (4) program redesign. Specific methodologies used in any content area include: Life Skills; Health Facts; Parent/Intergenerational Activities; Mentoring' Rewards/Recognitions; After School Programs; Data Collection; In-Service Training; Public Relations; or Awareness Sundays.
Results:	Studies have been ongoing to 12 years. One five year study found that program entry age is important. If youth enter the program prior to age, there are knowledge/attitude change and delay of drug use. If youth enter at a later age, knowledge/attitude change exists, but not age of onset. In a more recent year study, found were reduced access; reduction in 30 day cigarette and alcohol drug use; .positive attitudes towards non-use; increase in youth peer disapproval; decrease in youth friends use; improved self esteem feelings of belonging in family units; and impact public policy. Other outcomes included: improve academic achievement; fewer discipline problems; and reduced access to drugs. Significant outcomes and data will be shared from this and other studies.
Recommendations:	The model should continue to be disseminated to rural minority faith communities following a to be developed national dissemination plan. Communities need to be aware of how they can solve their own problems. The model is considered a promising SAMSHA evidence based program; a Center for Disease Control and Prevention, Model of Community Engagement; and received Outstanding Program Awards from Department of Health and Human Services, Center for Disease Control and Prevention and Center for Substance Abuse Prevention. An evaluative study that proves that the model can contribute significantly to positive drug and violence prevention behaviors is currently being worked on.

Title & Number:	Racial and ethnic disparities in prenatal Health: Maternal depression screening for Urban Black pregnant and post-partum women (187)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe innovative models for detecting and managing maternal depression for Black women from diverse cultures 2. Describe cultural issues associated with depression and how they emerge as barriers and strengths 3. Describe how to integrate the intervention into prenatal and women's services
Issues:	Healthy Start's case management program included screening for maternal depression because pregnancy increases the risk and severity of depression and current research suggests that Black women may be at higher risk for preterm birth and infant death due to high levels of stress. The experiences of depression may differ for Black women because of the interactive effects between historical, social and medical factors. Our consumers say they don't trust the mental health system, they feel providers are too quick to use drugs, there are not enough Black providers and often the diagnosis, and treatment is colour by provider bias. Disparities also exist between the ethnic groups. African American women in the program scored higher for depression than other Black women.
Description:	The goal of the case management program is to eliminate racial disparities in prenatal health by working with Black women from pregnancy to 2 years after delivery. Screening for depression was added to the program in 2002. Women are assessed 3 times. The assessment tools include the Beck Depression Inventory and the Women's Health Questionnaire, a self-administered tool that assesses health and psychosocial problems. The tools, protocols, and referrals came from a team of consumers. They also identified programs recognizing that many of the women would not want mental health services. They identified community based support groups that combine African, Caribbean spiritual and physical healing rituals with motivational and behavioural change discussions.
Results:	As a result of this project public awareness efforts directed by consumers were increased to promote screening and referrals for prenatal depression. The screening results over the past 3 years showed 36% of pregnant women in their first screening had a Mild to High score for depression symptoms. By the second to third screening during and after post partum period it was lowered to 22%. The case management services have had a positive impact. Consumer focus groups and surveys show that the relationship with their case manager was the main motivating factor that kept them in the program. The results offered guidance to case managers and helped the women identify concrete issues to work on and they could see how their own efforts created positive changes in their lives.
Recommend ations:	The contributors to racial and ethnic disparities in prenatal health require a multidiscipline approach because the problem goes beyond just medical factors. The women were often disfranchised, wounded from discrimination; their mistrust ran deep presenting a major challenge for the depression screening initiative. The program had to develop a model that was flexible and client driven to meet their psychosocial and economic needs. It is important to note that Black women value the relationship over the service and success is possible if they are directly involved in the development and Implementation of the intervention. It should be designed to fit within the context of the woman's experience, built on their existing strengths, utilizing family, community, and cultural support systems.
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Title & Number:	A Challenge: Changing a Community's Nutrition Policies and Behavior (188)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Assess a community's access to quality foods 2. Formulate a strategy to improve the demand and supply of quality food to a community 3. Identify the role of food suppliers, community advocates and policy makers in implementing life style changes.
Issues:	A community marked by the highest rates of obesity and diabetes compared to other neighborhoods in its city initiated a community-based primary prevention program with a three-part focus: 1. Educating community residents about good nutrition 2. Developing a broad outreach and education campaign targeting restaurants and grocers 3. Designing a public policy nutrition agenda. The Primary Prevention Initiative focuses on educating the community on the role nutrition and fitness can play in both preventing the onset of disease as well as the effective management of such chronic diseases as diabetes. The goal is to both raise awareness and provide the necessary information and tools to facilitate lifestyle changes and improved behavior. This includes addressing the environmental barriers posed by a dearth of restaurants offering healthy menus and grocers/bodegas with a limited supply of healthy food items. The anticipated outcome is an increased demand and supply of healthy foods.
Description:	The project presenter will describe the design and implementation process; program activities; the development of public and private partnerships and collaborations; the social marketing efforts to attract community involvement; and, the challenges and successes. The presentation will also include a discussion of efforts to engage policy makers in developing sustainable changes.
Results:	The development of a successful coalition of advocates, businesses, non-profit organizations, health care providers, public health officials and educators to improve a community' s health outcomes through education, business practices and public policy. The coalition's success includes the establishment of healthier menu options in participating restaurants, establishing a healthy food environment in schools and after-school programs, collaborating with public health officials to establish community participation in the purchase of seasonal fruits and vegetables from local farmers' markets.
Recommendations:	The project recommends increasing community based efforts to educate the population about good nutrition, and increasing collaborative efforts to make healthy food available in local schools, stores and restaurants.
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Title & Number:	Language for Healthcare Access: Improving Healthcare Access among Limited-English-Proficient Spanish Speakers in South Carolina (190)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe the aim and purpose of the Language for Healthcare Access curriculum. 2. List the key components of the Language for Healthcare Access curriculum. 3. Evaluate the impact of the Language for Healthcare Access curriculum on participants' healthcare access knowledge and self-efficacy.
Issues:	Access to healthcare is one of the leading health indicators. Inappropriate and untimely utilization of healthcare services contributes to health disparities and is costly to individuals, families, and the healthcare system. Language, lack of knowledge of the U.S. healthcare system, and inappropriate decision-making skills constitute barriers to appropriate healthcare access among limited English proficient populations. As of 2002, South Carolina had the fourth fastest rate of increase in Hispanics in the nation, primarily resulting from an influx of new immigrants from Mexico and Central America. There is an urgent need to improve the capacity of this new immigrant population to access the U.S. healthcare system.
Description:	This group randomized trail aimed to test the effectiveness of the Language for Healthcare Access curriculum in improving healthcare access knowledge and self-efficacy among limited English proficient, Spanish-speaking immigrants. The intervention is a culturally tailored series of 8 structured English as a Second Language lessons. Lesson content includes types of healthcare providers and services, locations, costs, and availability of language assistance. As part of this research, 16 classes received the intervention and 11 classes served as controls. Pre and post- assessments were conducted using a Spanish-language survey of healthcare access knowledge and self-efficacy.
Results:	Baseline data indicated that participants (n = 222) were unprepared to navigate the U.S. healthcare system. Post-assessment indicated significant improvements in knowledge and self-efficacy of healthcare utilization among participants exposed to the intervention and minimal change among control group participants. Gender differences in knowledge were also identified.
Recommendations:	Culturally and linguistically appropriate interventions are needed to improve patterns of appropriate healthcare access and utilization among limited English proficient populations. Community-based educational interventions hold promise as venues for interventions to enhance the knowledge and decision-making abilities of limited English proficient populations. English-as-a-Second Language classrooms are accessible and culturally appropriate settings for such educational interventions.
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Title & Number:	Kansas City's "Order Up Healthy Habits" Resource Center (191)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify the importance of chronic disease materials and supplies for use by community members 2. Recognize the value of supplying the community with accurate, useable materials and supplies 3. Identify the need for standardized resources
Issues:	The Kansas City - Chronic Disease Coalition's (KC-CDC) REACH 2010 initiative is charged with reducing risk factors for diabetes and cardiovascular disease among its urban core residents with an emphasis on African Americans and Hispanic/Latinos. It was critical that the program provide bi-lingual materials and supplies from one central resource area. The KC-CDC Resource Room is divided into twelve sections, with a specific chronic disease issue highlighted in each section. Materials in English and Spanish, in easy-to-read formats, can be quickly reviewed and selected. These resources are publicized through the KC-CDC bi-monthly newsletter, under service agreements with community agencies and organizations, and at bi-monthly KC-CDC coalition meetings.
Description:	Upon completion of this presentation, participants will identify the steps required to set up a resource room. KC-CDC approached a variety of not-for profit agencies, pharmaceutical companies, and state departments of health for free or low-cost resources and supplies to promote chronic disease prevention. Where needed, materials were also purchased to complement the twelve chronic disease areas. Materials in English and Spanish were collected where possible. Partners are encouraged to come by the resource room and view the materials prior to placing their order. Materials are linked to Healthy Habits programming and are distributed at health fairs, faith-based functions, educational seminars, training programs, etc. At the presentation's conclusion, participants will be able to conceptualize a resource room that meets community needs.
Results:	Upon completion of this presentation, participants will be able to identify the importance of a consistent set of materials and supplies to further public health. Each KC-CDC partner agency has been able to enhance their Healthy Habits campaign by using available resources targeted toward community change. KC-CDC is being seen as a change agent through the availability of disease-specific resources, which target the reading level, professional understanding, and community needs for information, services, and policies. Partners share the various avenues through which these materials were shared and provide testimonies and reports on the effectiveness of these materials to change high-risk behaviours. At the conclusion of the presentation, participants will be able to promote activities and programs through the use of an effective resource room.
Recommendations:	Upon completion of this presentation, participants will be able to formulate future action steps to evaluate success. The "Order Up Healthy Habits" distribution system should be consistently redesigned to assure the needs of the community continue to be met. Additional community-based groups should be encouraged to receive the available free resources for distribution to area residents. Future actions include assessing the resource room's effectiveness in supporting personal health changes. Those programs which have successfully used the materials should be honored as 'champions' and their story should be communicated to others. At the conclusion of the presentation, participants will be able to distinguish which evaluation elements align well to this community resource.
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Title & Number:	REACH 2010 Risk Factor Survey in Minority Communities (192)
Learning Objectives:	At the conclusion of the presentation, participants will be able to: 1. Describe how the REACH 2010 Risk Factor Survey is conducted 2. Discuss how health disparities vary by different minority groups. 3. Explain how the survey is used to monitor the health status of minority communities.
Issues:	Several large scale health surveys are conducted at state and national levels. However, they are not designed to monitor the health status of minorities at the community level.
Description:	The Racial and Ethnic Approaches to Community Health (REACH) 2010 is a community-based program designed to reduce racial/ethnic disparities in health. As a part of surveillance and program evaluation, REACH 2010 Risk Factor Survey was conducted annually during 2001-2005 in 27 minority communities in 19 states. The survey was administered in English, Spanish, Vietnamese, or Khmer.
Results:	Respondents represented 19 black, 11 Hispanic, 4 Asian, and 2 American Indian communities. Each year, 900-1,000 adults were surveyed in each community. Survey questions included health status, health-care access, vegetable and fruit intake, leisure-time physical activity, cigarette smoking, awareness of hypertension, cholesterol, and cardiovascular disease, diabetes and diabetes care, and receipt of preventive services. Data demonstrate that residents in the minority communities bear greater risks for disease. Variations occurred in the extent of risk factors and disease burden among minority populations. Obesity, hypertension, and diabetes were the major health problems in blacks and American Indians. The percentage of persons who met recommendations for fruit and vegetable intake and physical activity were lowest in Asians. Use of preventive services was markedly less in Hispanics. However, the 4-year surveillance data also indicate a reduction in disparities for some indicators occurring in parallel with community intervention programs, such as increases fruit and vegetable intake, cholesterol checks Pap smear tests, and adult immunizations.
Recommendations:	The continuous surveillance of health status in minority communities will provide important information for assessing, prioritizing, planning, and evaluation intervention efforts in eliminating disparities in minority health.
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Title & Number:	Cultural Competency, From Concept to Action: A Practical Approach for Healthcare Organizations (193)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Summarize the business case for cultural competency in health care by focusing on the impact that culture has on the business of health care and the legal realities that healthcare providers are facing pursuant to providing culturally competent care. 2. Formulate a practical model for strategically shifting an organization towards a greater understanding and practice of culturally competent healthcare services. 3. Identify two innovative cultural competency training tools for improving patient care services. 4. Assess methods of addressing the long-term impact of cultural competence in reducing health disparities.
Issues:	While "Cultural Competence" has become prevalent in discussions about reducing health disparities, practical applications to assist providers with sustaining on-going capacity to deal with cultural issues are sparse. It is virtually impossible for a healthcare provider to memorize every aspect of ethnocultural information. As with other aspects of medical knowledge (e.g., pharmacology), it is necessary to have readily available reference tools. Accordingly, the authors have identified the need to link professional development efforts with cultural competency training and the enhanced use of data. Through academic research and private sector experiences, the authors will illustrate how theory and practice can meet to accommodate the needs of healthcare practitioners at the point-of-service.
Description:	"Usual care" in today's healthcare organizations often means that providers, support staff and administrators are not in the habit of learning or acting in a manner consistent with Culturally and Linguistically Appropriate Standards (CLAS) when serving diverse patients. As with any other new approach to healthcare, in order for CLAS methods to become daily routine, healthcare staff must be exposed to opportunities to practice and gain reinforcement for CLAS knowledge, skills and application during patient "usual" care. The authors have evaluated (anecdotally) and are evaluating (empirically) the effects of cultural competency training separately without consistent follow-up, with consistent follow-up, and independent of training with a cultural competence tool.
Results:	To date, anecdotal evidence suggests that cultural competency training with consistent follow-up using a reinforcement tool, gives providers an on-going mechanism to improve their cultural competency efficiency. While results of the empirical analyses are pending, we expect that consistent access to information that allows this information to be readily available as the need for ethno-cultural information arises, will allow practitioners to develop care habits that incorporate cultural competence in their "usual care" practices.
Recommendations:	Provide cultural competency training around CLAS to all staff in healthcare settings (direct care, professional staff/leadership, administrative staff, etc.). Consistently reinforce training with on-site, easy-to-access tools for practitioners to use on a regular basis. Set goals and evaluate the effects of the training based on internal organizationally set standards in conjunction with those set forth by DHHS, JCAHO, and other accreditation bodies.
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Title & Number:	Cultural Competency: A Comprehensive Approach (194)
Learning Objectives:	Upon completion of this presentation participants will be able to: 1. Describe the impact that culture has on the business of health care and the legal realities that healthcare providers are facing relative to providing culturally competent care 2. Formulate a practical model for strategically shifting an organization towards a greater understanding and practice of cultural competency 3. Identify innovative training tools and technologies for cultural competency that support healthcare at the point of service 4. Assess methods of addressing both the short-term and long-term impact of cultural competence in reducing health disparities
Issues:	Fundamental differences in health beliefs between patients and providers are occurring alongside the well-documented differentials in health outcomes across racial/ethnic groups in the US. Over the past decade, substantial research and educational efforts have been directed towards untangling the relationships between culture and health in order to reverse these differentials. At the same time, a great deal of emphasis has been placed on technologies that increase healthcare quality and decrease costs (medical informatics). However, little in the way of providing practical applications to assist providers with sustaining on-going capacity to deal with cultural issues has been developed and access to appropriate information to support clinical care at the point of service remains sparse.
Description:	In order for culturally competent healthcare to become a reality, providers must be exposed to opportunities to for clinical application of culture-specific knowledge, such as knowledge of disease burdens across particular populations and traditional cultural practices. This project explores the use of technology (web-based platforms) as a direct means of providing access to appropriate ethnocultural information to support clinical care. The authors have evaluated (anecdotally) and are evaluating (empirically) the effects of cultural competency training separately without the use of ongoing technology to access culture specific information, the use of trainings and technology in tandem, and the use of web-based reference tools to access ethnocultural information alone.
Results:	To date, anecdotal evidence illustrates that cultural competency training with consistent follow-up via a reinforcement tool, give providers an on-going mechanism to improve their cultural competency capacity. This is particularly relevant considering that culture is an ever-changing phenomenon and, therefore, cannot be reduced to stereotypic descriptions. While results of the empirical analyses are pending, we expect that the systematic application of cultural competency training and education along with ongoing access to reference information will improve provider knowledge of both the theory and the application of culturally competent healthcare.
Recommendations:	Provide cultural competency training to all staff in healthcare settings (direct care, professional staff/leadership, administrative staff, etc.). Consistently reinforce training with on-site, easy-to-access tools for practitioners to use on a regular basis. Set goals and evaluate the effects of the training based on internal organizationally set standards in conjunction with those set forth by governmental and accreditation agencies.
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Title & Number:	Starting at a Different Place: Methods of Involving African American Businesses, and Schools, and Church Communities In the Fight against HIV and Health Disparities (196)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe how HIV funding initiatives can be used to increase capacity of individual community organizations in innovative ways 2. Identify how the general minority health disparity issue can be addressed through the overall health problems caused by HIV/AIDS 3. Explain how Historically Black Colleges and Universities and the African American Church can work to expand the HIV prevention messages 4. Identify how addressing HIV /AIDS through the aforementioned communities provides a positive intergenerational opportunity to affect health and wellness 5. Assess how HIV capacity building funding can work to expand community-based organizations' ability to build and sustain better businesses within the minority community. 6. Identify ways for these organizations to gain more resources.
Issues:	Mobilizing various portions of the African-American community to give resources towards HIV/AIDS
Description:	The HIV Technical Assistance Capacity Development Project in Austin Texas was funded from July 2003 to July 2006. By taking a non traditional approach to capacity building the Austin/Travis County Health and Human Services grant team has been able to not only help individual community organizations but to also expand the health literacy of the entire community within several different spheres.
Results:	During this three year period time the project has: • Developed capacity building partnerships with 22 Community-Based Organizations • Distributed over $75,000 in incubator grant funds • Prepared 5-10 new minority businesses to participate in local Ryan White grant funding • Begun a Health Institute collocated at the local Historic Black University addressing both business and clinical training needs • Developed a Black Church based organization of over 20 Austin churches. This organization has partnered 9 African American churches and 9 HIV community based resource agencies to start permanent HIV Resource Centers within their churches as part of their health ministries • Served as the development ground for the growth of a health advocacy coalition group addressing the health disparity questions of African American within the Austin area resulting in the building of a new clinic serving 30% of the African American within Austin and the fielding of a new Preventive Health team serving the community.
Recommendations:	HIV/AIDS is such a threat to the minority community, especially the African-American community, that various coalition methods and innovative strategies must be engaged to involve the complete community on a myriad of health issues
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Title & Number:	Communication with Providers among Persons with Symptoms of Depression: Race/ethnicity Differences (197)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. State the proportion of persons with depression among whites, African-Americans and Hispanics in the U.S. 2. Estimate the proportion of persons with depression, by race/ethnicity, who will describe their symptoms to a practitioner 3. List the major factors associated with failure to report symptoms
Issues:	Untreated depression impairs quality of life and may result in suicide, but symptoms can be reduced with effective treatment. Research has shown that minorities with depression are less likely to seek assistance, either from professionals or helping institutions such as churches. Lower communication rates may have cultural origins, or may stem from access barriers. The research reported here used national survey data to explore race/ethnicity differences in the proportion of persons with symptoms of depression who report their problems to a helping professional.
Description:	Data were drawn from the 1999 National Health Interview Survey, an in-person interview of a nationally representative sample of 30,801 adults, conducted by the National Center for Health Statistics. The Survey included the Comprehensive International Diagnostic Index, a mental health screening scale. The Survey was administered in Spanish and English. Respondents with problems were asked if they reported these to a doctor or to another helping professional (listed were nurses, clergy, others). Age, sex, income, English fluency, health insurance, health status, and chronic conditions were examined as potential barriers to treatment seeking.
Results:	Depression was found among 5.55% of Whites, 5.26% of African Americans, and 4.20% of Hispanics ($p<0.01$). Among depressed persons, symptom severity did not differ by race/ethnicity, but whites (54.40%) and Hispanics (48.03%) were significantly more likely to communicate with a physician than were African Americans (35.37%). Findings were similar for other professionals (37.09%, 37.60%, and 28.82%, respectively). Even controlling for personal factors, African Americans had lower odds of communicating than did whites (OR=0.47). Lack of insurance reduced the odds of communication, while poor health increased communication.
Recommendations:	Practitioners need to actively elicit descriptions of feelings and mood, especially with African American patients. The positive association between communicating feelings and poor health may be related to greater familiarity between patient and caregiver over time, as well as increased opportunity. Practitioners must be prepared to treat or refer patients appropriately.
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Title & Number:	Innovative Approach To Cancer Clinical Trials Education (199)
Learning Objectives:	At the conclusion of this presentation, participants will be able to: 1. Discuss the importance of the role/impact of community participation, as well as the role/impact of health care providers, in addressing the lack of community literacy concerning cancer clinical trials 2. Identify three barriers resulting in low participation of minorities in cancer clinical trials 3. Explain the importance of participating in cancer clinical trials
Issues:	Only 3 to 5 percent of all adult cancer patients participate in clinical trials; rates are even lower among cancer patients of color and the medically underserved, which tend to have higher cancer mortality rates than the population as a whole. The more people participate in clinical trials, the faster critical research questions can be answered that will lead to better treatment options for all cancers, for all people.
Description:	The Pilot Education Program is community-centered outreach and education program that seeks to address the issue of community literacy around clinical trials—changing knowledge, attitudes and beliefs among both health care providers and community leaders—to ultimately enhance access and increase accrual to clinical trials, particularly among patients of color and the medically underserved.
Results:	The ENACCT Pilot Education Program will support community-driven approaches, which recognize the skills, assets, networks of trusting relationships, and mediating structures of local communities that can have a positive influence on health and cancer care. These approaches are helping create better informed and more effective practices for clinical trial education that is replicable grounded in "real-world" experience.
Recommendations:	This new model is helping to promote critical changes in knowledge and attitude among both community leaders and health care providers.
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Title & Number:	A Model Program for Improving Access to Health Information and Patient Navigation Services (200)
Learning Objectives:	Upon completion of the presentation, participants will be able to: 1. Identify more than one method of improving healthcare access for non-English-speaking populations 2. Identify several means of delivering health messages in the minority community 3. Explain how to tailor health information to the needs of the Chinese community
Issues:	In the Chinese community, cultural and linguistic barriers can hinder access to adequate healthcare. Management of many health problems can be impeded by a lack of linguistic and culturally sensitive health education programs.
Description:	The resource center is a non-profit organization whose mission is to meet the needs of the monolingual Chinese population by providing them with culturally sensitive, linguistically appropriate health information and services. Since its founding in 1989, the center has worked closely with physicians and community and national organizations provide the underserved in the Chinese community with a multitude of programs and services, including free bilingual health seminars, community health fairs, a friendly bilingual patient navigation service to help community members make their way through the complicated healthcare system, and individual nutritional counseling with a registered dietician. Physicians and patients also make use of the center's bilingual health website, where downloadable information on a variety of topics is available in both Chinese and English.
Results:	The center provides about 14,000 services annually; 90% of recipients are monolingual, over 65% are female, 30% are Medi-Cal recipients, and approximately 15% have no health insurance. Class attendance for 2004 totaled 1,968, and individual nutrition counselling visits numbered 667. The wellness library was used 5,057 times, and the website recorded over 1,500 visits. A total of 1,289 books and videos were loaned, 1,496 books and videos were read or viewed on-site, and there were 833 requests for other educational materials.
Recommendations:	Communities with minority populations might consider using the center as a model for implementing programs that help increase monolingual populations' access to quality healthcare and promote community health with effective health education programs.
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Title & Number:	Recent Advances in Language Access and Cultural Competency in California (201)
Learning Objectives:	At the conclusion of the presentation, participants will be able to: 1. Describe statewide, regional and local advances in language access and cultural competency among California health professions educational institutions, health systems, hospitals, health plans, physician organizations, local health departments and other health providers 2. Describe effective engagement of health care consumers and communities on language access and cultural competency issues 3. Describe how to access specific policy and issue briefs, annotated bibliographies, assessments, training curricula, toolkits, glossaries and other practical resources to improve language access and cultural competency
Issues:	Promising Practices in providing culturally competent care and language services
Description:	The California Endowment is a private, statewide foundation that has prioritized language access and cultural competency. Its grantees, which include health professions educational institutions, health systems, hospitals, health plans, physician organizations, local health departments and other health providers, have made significant advances throughout the state in advancing language access and cultural competency. In addition, The California Endowment and its grantees have developed and made available a wide range of policy and issue briefs, annotated bibliographies, assessments, training curricula, toolkits, glossaries and other practical resources to improve language access and cultural competency.
Results:	This workshop will provide an overview of some of the successes and challenges of health professions educational institutions, health systems, hospitals, health plans, physician organizations, local health departments and other health providers in California in advancing language access and cultural competency. Several examples of successful statewide and regional collaborations will be highlighted as case studies.
Recommendations:	Improving language access and cultural competency requires the sustained engagement of multiple stakeholders in the health care delivery system. Private and community foundations can leverage investments made by federal and state governments as well as current expenditures by health systems and providers to improve language access and cultural competency.
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Title & Number:	A Community Inquiry: Cardiovascular Health among Asian Indian, Cambodian, Filipino, and Vietnamese in the United States (204)
Learning Objectives:	Upon the completion of this presentation the participants will be able to: 1. Identify general cardiovascular disease (CVD) risk factors in each of the four Asian subpopulations (Asian Indian, Cambodian, Filipino, and Vietnamese) 2. Describe some of the similarities and difference in attitudes, perceptions, and motivations regarding CVD risk factors in the four Asian subpopulations 3. Recognize the importance of developing targeted prevention interventions for Asian communities.
Issues:	Asian American and Pacific Islanders (AAPIs) are a unique group of people with different cultural and linguistic backgrounds who have distinct health needs. Prevalence of cardiovascular disease (CVD) is not well defined, and tailored interventions to prevent CVD are underdeveloped for these groups.
Description:	Data was compiled from published studies on cardiovascular health in four AAPI communities (Asian Indian, Cambodian, Filipino, and Vietnamese), including the prevalence of CVD risk factors, attitudes about CVD risk factors, and barriers to adopting a healthy lifestyle.
Results:	Among Filipino, Vietnamese, and Cambodian communities, 30 people participated in focus groups, 13 in key informant interviews, and 77 in detailed interviews. In the Asian Indian community, 57 participated in focus groups, 304 in telephone surveys, and 65 in community discussions. Several aspects of cardiovascular health were studied: 1) Diet. Cambodian, Filipino, and Vietnamese community leaders believed that the abundance and affordability of food in the US (compared with their native countries) made it difficult to maintain a healthy diet in the US. 2) Stress. All groups identified challenges in acculturation, poor command of the English language, and caring for others as sources of stress. 3) Smoking. Although, the rates of cigarette smoking were lower in Asian Indians compared with other AAPI communities, use of other forms of tobacco was high, reflecting the need to understand different patterns of tobacco use and their potential impact on CVD risk. 4) Others. Data on obesity, physical activity, alcohol intake, medical conditions, and barriers to health care were similarly reviewed.
Recommendations:	More studies that explore the similarities and differences among CVD risk factors in AAPI communities are required, such that health care providers can better understand the risk profiles of CVD in these communities. Without accurate culture-specific health information, providers are inadequately equipped to prevent and treat CVD risk factors in AAPI communities.
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Title & Number:	Soothe Your Nerves Sister Circles: Addressing the Disparity in Anxiety Disorders Education among Professional African American Women (211)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. List the symptoms of a panic attack and identify three key anxiety disorders most associated with panic attacks among African American women 2. Identify the barriers to seeking assistance for anxiety difficulties experienced by professional African American women 3. Identify the key components of implementing and maintaining a sister circle
Issues:	Little information is available about the mental health needs of professional African American women. Most published research focuses on low-income and working class African American women. Yet, the ranks of professional Black women are growing and the available data indicate their mental health needs are going untreated. Panic attacks are among the most prevalent form of anxiety experienced by professional African American women. In any given year, over 100,000 African American women will experience their first panic attack. Untreated, panics attack result in moderate to severe emotional (agoraphobia) and physical (cardiovascular) consequences. Despite their impact, many women remain woefully unaware of this disorder.
Description:	Sister Circles are psychoeducational groups that draw upon the strength and courage found in African American women's friendship networks. Numerous African American organizations have used Sister Circles with varying degrees of success to raise awareness about physical health. The possibility exists that if embedded within institutions and organizations targeting the professional African American female community, Sister Circles may provide a viable way to educate this population about panic attacks and teach strategies that will lessen the number, intensity, and impact panic attacks have on their lives. In this presentation the authors describe and present data on the effectiveness of Sister Circles for panic attacks.
Results:	Data from studies show sister circles embedded within the African American professional community are successful in educating and reducing the number of panic attacks experienced by African American women. Care must be taken in how the sister-circle is structured, the training delivered to group leaders, and the techniques taught.
Recommendations:	The results of this study have implications for organizations and institutions interested in enhancing the emotional well-being of their professional membership. Sister Circles represent collaboration between anxiety disorders researchers and African American women's professional and service organizations. This joint ownership has the potential to allow the replication of the Sister Circle model for panic attacks at the regional and national level.
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Title & Number:	Using Conjoint Analysis to Assess Preferences among Minority and Low Literacy Patients: An Example using Colorectal Cancer Screening (212)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe the importance of preferences in colorectal cancer screening utilization. 2. Describe how preference assessment among low literacy and minority populations is challenging. 3. Describe one method for preference assessment for colorectal cancer screening test options among minority and low literacy patients. 4. Evaluate how preferences for colorectal cancer screening test options vary among minority and low literacy patients.
Issues:	Patients are faced with complex choices and frequently choose to "do nothing" rather than following through with a screening or treatment recommendation. Understanding how preferences for different screening and treatment options vary, particularly among minority and low literacy patients, may be an effective step toward increasing patient compliance. This abstract uses the example of colorectal cancer screening (where there are 4 choices) to describe challenges regarding preference assessment among minority and low literacy patients and one possible method for addressing these challenges.
Description:	This is an exploratory study, funded by the National Cancer Institute, which uses an innovative technique (conjoint analysis) to assess preferences for colorectal cancer screening test options among minority and low literacy primary care patients. The study as a two-fold purpose: 1) to develop the tools to conduct a conjoint analysis preference assessment among minority and low literacy primary care patients; and 2) to evaluate the effectiveness of conjoint analysis as a preference assessment tool in these populations using the example of colorectal cancer screening. The study involved two phases, a qualitative phase to develop the preference assessment instrument and the assessment phase, which involves rating and ranking of different scenarios relating to colorectal cancer screening. The next step will be to use the data collected to develop a preference-tailored intervention for increasing use of colorectal cancer screening (and eventually other services) among minority and low literacy patients.
Results:	Phase I revealed that test accuracy, preparation, frequency, discomfort, and cost were the top 5 attributes relating to colorectal cancer screening, and that patients wanted very simple descriptions of attribute levels. Sixty-four scenarios were generated, and fractional factorial design used to reduce the number to 14. Pilot testing found that lower literacy patients were not able to comprehend the attribute/level combinations or to complete the rating and raking exercises. The modified instrument includes visual representations, a "story-type" scenario format, and a card-sort method for attribute ranking. Re-piloting found lower literacy patients able to perform rating and ranking and trade off attribute/level combinations effectively. Preliminary results suggest that there are some racial/ethnic differences in colorectal cancer screening test options, but that the majority of patients respond positively to the effort to help them determine their own preferences.
Recommendations:	Simple methods for preference assessment that can be completed by patients and possibly implemented by clinics and providers are needed.
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Title & Number:	Disparities for the Association of Self-Rated Health Status and Internet Use Among White and Minority Consumers of Internet Breast Health Information (213)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Explain the importance of self-rated health to health outcomes and be able to list the evidence supporting this statement 2. Differentiate between self-rated health disparities existing between whites and minorities regarding Internet breast health information use and state the odds ratios for these differences. 3. Formulate an approach for increasing Internet use among minorities.
Issues:	The Internet is an increasingly popular source of health information for women with breast cancer. Minorities are less likely to use the Internet as an information resource. Also, self-rated health status is a predictor of mortality across many health conditions, including cancer. No papers study the relationship of self-rated health status and Internet health information use among those with cancer.
Description:	A cross-sectional survey design was used to study the relationship of self-rated health and Internet health information use among 161 white and minority women with breast cancer. The independent variable was self-rated health, which was measured with the question of, “How do you see your health?” Choices included poor/fair, very good, and excellent. The dependent variable was world wide web use for breast health information. Relevant covariates were included in the model. Logistic regression analyses were used to study the association of self-rated health and Internet health information use. Separate stratified analyses were conducted for the white and minority groups.
Results:	Among those with fair/poor self-rated health status, white women had significant ($p<.05$) and high odds ratios (OR=5.3) for Internet health information use. Among the minority women, fair/poor self-rated health status approached significance ($p<.10$) with very small odds ratios for Internet health information use (OR=0.04).
Recommendations:	Address the differing beliefs between whites and minorities with regard to their Internet use. Incorporate tailored and culturally sensitive material on Internet websites to address the potential concerns of minorities who choose to seek health information on the Internet.
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Title & Number:	Racial Differences in Hospital Very Low Birthweight Neonatal Mortality (214)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe racial disparities in neonatal mortality statistics in the Unites States. 2. Summarize the impact of very low birthweight (<1500 grams) births on neonatal mortality. 3. Describe differences in hospital risk-adjusted very low birth weight (VLBW) neonatal mortality rates. 4. Describe the extent to which racial differences in neonatal mortality for VLBW births are associated with variations in hospital mortality rates.
Issues:	Black neonates (infants <28 days old) in the United States are more than twice as likely to die as White neonates. The racial disparity in neonatal mortality rates has been largely attributed to higher rates of preterm births and the resulting higher prevalence VLBW infants (<1500 grams) in the Black community. VLBW infants account for 70% of all neonatal deaths. Variations exist in hospital VLBW neonatal mortality rates. The extent to which racial differences in neonatal mortality for VLBW births are associated with variations in hospital mortality rates is not known. Specifically this study addresses whether Black VLBW babies are born in hospitals with the same or different risk-adjusted mortality rates for VLBW babies than White VLBW babies.
Description:	A population-based cohort study was conducted using Vital Statistics records from a major U.S. city on all live births and deaths of infants weighing 500 to 1499 grams born in 45 hospitals from January 1, 1996 through December 31, 2001 (N=11828). Using maternal and infant characteristics, the study estimated the risk-adjusted VLBW neonatal mortality rate for each hospital. The study addressed the following three objectives: 1) to rank hospitals by risk-adjusted VLBW neonatal mortality rates, 2) to assess differences in the racial distribution of births among these hospitals, and 3) to assess the extent to which any such differences may explain the disparity in neonatal mortality between Blacks and Whites in this major city.
Results:	Risk-adjusted neonatal mortality for VLBW infants in hospitals from this major city ranged from 9.6 to 27.2 deaths per 1000 births. Distribution of VLBW births among hospitals ranked from lowest to highest risk-adjusted mortality differed for Black and White mothers (p=0.006). White infants were more likely to be delivered in low mortality hospitals: 49% of White versus 29% of Black VLBW infants delivered in the lowest mortality tertile of hospitals. Black infants were more likely to be delivered in high mortality hospitals: 21% of Black versus 11% of White VLBW infants delivered in the highest mortality tertile of hospitals. Differences in distribution of births among hospitals accounted for 34% of the racial disparity in neonatal mortality between White and Black VLBW infants in this city.
Recommendations:	The underlying reason why Black VLBW infants are more likely to be born at higher mortality hospitals may be specific to the geographic locations of the patient and the hospital. Whether Black VLBW infants are more likely to receive care in New York City Hospitals with lower rates of evidence-based medical treatments than Whites needs further study.
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Title & Number:	Madrina (Godmother) Project (219)
Learning Objectives:	Upon completion of this presentation; participants will be able to: 1. Identify four barriers to healthcare faced by Latinas living with HIV/AIDS 2. List three reasons why Latinas seek healthcare later in their HIV diagnosis 3. Summarize three cultural factors that are critical when working with Latinas living with HIV/AIDS 4. Identify three important topics of an effective Self Advocacy curriculum for Latinas living with HIV/AIDS 5. Summarize the utilization of a peer based, familia (family) oriented model and it's importance to HIV/AIDS education in the Latino community
Issues:	There are a growing number of new HIV/AIDS cases in minority populations. According to the AIDS Surveillance Report of the S.A. Metro Health District, in San Antonio/Bexar County, 60% of the diagnosed AIDS cases are in Latino and African-American communities (2003). The National Institutes of Health has found African-American and Latina women make up 80% of all new HIV cases among women in the United States (2005). Many racial disparities are evident in the fight to prevent new AIDS cases among women of color. Newly diagnosed minority women tend to be young, poor and residents of urban areas, particularly in the South and Northeast. Trends show that HIV is often diagnosed at a later stage in women than men.
Description:	The Madrina (Godmother) Project was developed by Mujeres Unidas Contra el SIDA in San Antonio, Texas to provide mentorship, education and assistance to women who are either newly diagnosed with HIV/AIDS, do not possess a great knowledge about their disease, or are affected by HIV/AIDS and do not have prior knowledge.
Results:	Evaluation of the program was performed using a combination of focus groups and pre and post-test surveys. Analysis of the data, provided evidence that this type of training had a positive effect in the amount of knowledge gained by women newly diagnosed with HIV/AIDS and their loved ones. Knowledge gained included modes of transmission of HIV/AIDS, nutrition, self-care, treatment adherence, medications, depression, and disclosure of HIV/AIDS status and community resources available. The workshops also served as a network for social support and increased opportunities for dissemination.
Recommendations:	Problems that were encountered and addressed within the Madrina Project included the lack of funding for transportation and childcare. If not addressed these issues could serve as major barrier to women attempting to gain access to medical and mental health services. Actions that can be taken to address the increase of HIV/AIDS in minority populations include publishing educational material specific to HIV/AIDS that is in a form Latinos can benefit from, including presenting the material in both English and Spanish and at a reading level that will reach the maximum amount of individuals. Funding is needed for culturally competent service providers to mentor AIDS Service Organizations who's target population is non-Latino and for studies to determine the effectiveness of culturally competent services in the health maintenance of Latinos. It is also important that institutions of higher learning include HIV/AIDS in the curriculum offered to health professionals (i.e. social work, medicine, public health and nursing).
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Title:	Health Sciences LEAP: A Four-Year Pipeline Program for Future Health Professionals from Underrepresented and Underserved Populations (220)
Learning Objectives:	1. Upon completion of this presentation, participants will be able to identify the rationale behind such programs. 2. Upon completion of this presentation, participants will be able to explain how to establish and maintain such a program. 3. Upon completion of this presentation, participants will be able to describe how the program strengthens candidates' qualifications for graduate education in health professions.
Issues:	The fact that minority populations in America are underrepresented in the health professions is well documented, as is the fact of significant race-based disparities in health care. Studies also show that minority providers are more likely than others to practice in minority communities, and that minority patients seek out providers from their own racial groups. Thus, programs targeted at attracting minority students to the health professions and supporting their success represent an important step in attacking these problems.
Description:	Health Sciences LEAP is a four-year pipeline program for undergraduate students from populations underrepresented in or underserved by the health professions. It emphasizes humanities in its first year (writing, critical reading, ethics), shadowing in its second, research in its third, and service in its fourth. First-year work satisfies several general education requirements, and work in subsequent years is accompanied by seminars in which students reflect on their experiences with the help of experts in their future fields.
Results:	Health Sciences LEAP is now in its fifth year and enrolls 32 students in the first year class, 27 in the second, 13 in the third, and 7 in the fourth. Most of the students who entered in 2001 are still completing undergraduate degrees, but one graduate has been accepted to medical school and another has been admitted to the nursing program. Two of that first group are now applying to medical school.
Recommendations:	HEALTH Sciences LEAP should continue to receive institutional support. Expansion of the program is not recommended, since increases in numbers would significantly reduce the cohort effect which the authors believe to be crucial to student success and persistence. Rather, the emphasis should be upon retention of students throughout the program.

Title & Number:	Challenges and solutions in the use of technology in developing ethnic and gender specific HIV/Hepatitis prevention interventions for the criminal justice population (224)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Verbalize critical challenges that can be encountered when developing ethnic and gender specific HIV/Hepatitis prevention interventions using a multi-media format. 2. Verbalize critical solutions used to overcome challenges encountered when developing ethnic and gender specific HIV/Hepatitis prevention interventions using a multi-media format. 3. Verbalize a process for creating and field testing an ethnic and gender specific DVD-interactive HIV/Hepatitis prevention interventions. 4. Demonstrate how technology can enhance a HIV/Hepatitis prevention intervention that in currently in use.
Issues:	Current HIV/Hepatitis prevention interventions use various methodologies to decrease at-risk behaviours that lead to infection. These methodologies include face-to-face peer-peer counseling and outreach, educational video, didactic teaching, and web-based programs. Some of these programs have been evaluated and appear to decrease at-risk behaviours. However, HIV and Hepatitis infection rates continue to increase especially among ethnic minority groups and the re-entry population. Some have argued that attaining behavioural change among at-risk groups, prevention interventions must be designed to target specific at-risk groups and include technology that would appeal to a growing need for cost effective prevention interventions. Yet, there has been little done to address this need.
Description:	The NIDA funded targeted HIV/Hepatitis Prevention intervention for re-entries is DVD based and specific for African-American and European-American women and men. The project is part of the NIDA funded Criminal Justice and Drug Abuse Treatment (CJDATS) Study Initiative. The HIV/Hepatitis prevention intervention is the first ever developed that is gender and ethnic specific that incorporates animation, video, photographs, audio, and slides in a culturally sensitive manner specifically for a criminal justice population. The intervention is in the final stages of development and will be in the process of being fielded tested by the time of the conference. The intervention is an enhanced version of the NIDA standard HIV/Hepatitis intervention that was rigorously evaluated and adapted by CDC and NIDA as a standard in best practices. This project enhances this by adding an ethnic and gender specificity through the incorporation of multi-media components.
Results:	Developing this novel prevention intervention has posed some interesting challenges and allowed for the creation of equally interesting solutions. The information presented in this seminar will be of use to researchers interested in developing similar ethnic and gender specific interventions.
Recommendations:	Future efforts to resolve the needs for more ethnic and gender specific HIV/Hepatitis prevention interventions should be increased. These efforts should attempt to use technology to enhance already existing scientifically tested HIV/Hepatitis prevention interventions. In order for this to occur, more information on the process of developing such interventions is needed.
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Title:	Diversifying the health professions: A university-based program that works (228)
Learning Objectives:	Upon completion of this presentation, participants will be able to list barriers to African American students' pursuit of health careers Upon completion of this presentation, participants will be able to identify key program components that support and encourage African American students to pursue health careers. Upon completion of this presentation, participants will be able to recognize how lack of diversity affects US health systems
Issues:	Although African Americans account for 12.1 % of the US population, they make up a far smaller proportion of the total health profession workforce. Focus groups conducted with African American graduate students revealed that barriers to pursuing careers in health include lack of exposure, lack of resources, lack of support and intimidation.
Description:	In response to the need for more African American health professionals, the Eliminating Health Disparities (EHD) program was started in 1999 at Saint Louis University School of Public Health. This program trains African American MPH and PhD students with research rotations on health disparity projects, an independent research project, a policy rotation and two classes on understanding and eliminating health disparities. The program also hosts African American health professionals nationally who present their research, serve as mentors and provide networking opportunities for the students.
Results:	To date, 25 students have graduated from or are currently enrolled in the program. Of the 16 graduates, 94% currently work as health professionals or are pursuing doctoral or medical degrees. The program's integration of learning, networking and mentoring opportunities and the overall camaraderie of the students has contributed greatly to its success.
Recommend ations:	The development of more programs such as EHD within universities or other credible institutions across the nation is an effective way to support and encourage African American students in their pursuit of health careers.

Title & Number:	Preliminary Evaluation of a Community-based Educational Program for African American Older Adults: Take Charge of Your Oral Health (233)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Evaluate the MAP-IT technique as a method for developing an oral health educational intervention. 2. Identify cultural factors influencing oral health needs among urban African American older adults in Philadelphia. 3. Upon completion of this presentation, participants will be able to summarize the use of innovative teaching modalities to convey oral health information.
Issues:	Older minority racial and ethnic populations experience a disproportionate level of oral diseases and seek dental services less often than their counterparts in the general population. One strategy towards reducing this disparity is improving the availability of targeted community-based educational programs. More research is needed to promote evidence –based methods to develop effective culturally sensitive educational interventions that promote oral health and successful aging among vulnerable elder populations.
Description:	The aim of this study was to evaluate the effectiveness of the Take Charge of Your Oral Health educational program in increasing older African American's knowledge in preventive oral health information. The authors assessed oral health beliefs and clinical need among community residing African American elders. Common oral conditions were not recognized as needing care. Elders had misconceptions regarding the causes of dental decay and gum disease and the role of the dentist in preventing gum disease and tooth loss. The Take Charge program was developed to address these potentially modifiable beliefs. The MAP-IT technique, a strategic planning guide to address public health issues, served as the method of investigation for program development.
Results:	A total of 186 African American elders that attended senior centers in North Philadelphia (n=4), West Philadelphia (n=2), and South Philadelphia (n=1) received the program. Evaluation included a six-item pre-test and post-test that addressed major themes addressed in the program. Preliminary findings indicate improved mean test scores from baseline across senior sites. Paired t-tests will be reported to evaluate individual performance. The program shows potential in relating oral health information in a culturally sensitive relative manner.
Recommendations:	The Take Charge of Your Oral Health program needs further testing to evaluate its effectiveness in changing dental knowledge among vulnerable elder populations. Future directives include testing the effectiveness of the program in elder's adoption of preventive oral self-care practices and sustained-intervention induced behavioral changes relative to brushing, flossing, and the use of preventive dental services. A video presentation of the program is currently being developed supported by the Aetna Foundation.
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Title & Number:	An Analysis Of Racial And Social Class Disparities In Childhood Immunization Rates In A Standard Metropolitan Area (235)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Understand the importance of childhood immunization to children's health. 2. Evaluate the differences in childhood immunization rates. 3. Identify the role health insurance plays in eliminating race and social class disparities in childhood immunization rates.
Issues:	Researchers address racial and social class disparities in child immunization rates. Other issues include the correlation between health insurance availability and child immunization rates, and the effects of Y2K on child immunization.
Description:	The study analyzes the racial and social class disparities in childhood immunization in a standard metropolitan area. Researchers developed three hypotheses: • Despite the overall rise of immunization rates in the state, the child immunization rates of Black children remained lower than that of White children. • The immunization rates of children in less affluent parishes tend to be lower than the immunization rates of children in more affluent parishes. • Increased availability of health insurance coverage yields increased opportunities for immunization.
Results:	In 1998 the childhood immunization rate of the majority black populated parish was 1% higher than the child immunization of the majority white populated parish. Since 2000 the majority white populated parish's childhood immunization rate remained higher than the majority black populated parish (greatest difference was 21%). After the establishment of LaCHIP, in 2003 one of the less affluent parishes had the greatest percentage of uninsured children under the age of 19 among the parishes under study, 9.9%. The same parish also had the lowest childhood immunization rate. The study demonstrates that children from the black less affluent parish are more prone to non-vaccination.
Recommendations:	The city under study, in its post-Hurricane Katrina state, has copious amount of unmitigated bacterial and viral conditions. Conditions such as these pose a great threat to children, especially to children who have not been immunized. The cooperation of health care providers is recommended to eliminate disparities in child immunization. Louisiana Immunization Program calls for health care providers to join in the state's efforts to increase child immunization rates. Suggested forms of cooperation include linking to the Louisiana Immunization Network for Kids State-wide (LINKS) system, which provides up to date information of vaccination rates, and the support of reimbursement based on each antigen rather than each shot. These programs aid in the improvement of the child immunization program in both the public and private sector. Funding and staff are in high demand; an increase in funding and staff would enable the program to computerize pre-1998 child immunization data, replace labor lost, and reopen health units closed due to
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Title & Number:	Oregon's Endeavour in Eliminating Racial and Ethnic Disparities in Health by Legislating Healthcare Interpreter Standards (239)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify strategies that will influence state health policy related to health care interpreter services standardization 2. Describe important processes for initiating conversations with legislators that would result in both crafting bills and in the formation of a law 3. Communicate at least major obstacles in implementing a passed healthcare interpreting qualification/certification law.
Issues:	Providing standardized and quality health care interpreting in Oregon has been challenging due to resource limitations: inadequate funding for the services; no formalized system for testing and training of interpreters and not having enough experts to educate the health care community about the complexity of interpreting and the need for standardization of interpreter practices. Although interpreter services are being provided state wide, there are no accurate numbers of the amount of services being provided, the number of working interpreters, and no quality assurance system in place. In an effort to eliminate disparities in healthcare, it will be important to capture the appropriate statistics and put systems in place that will ensure appropriate interpreter services are being provided.
Description:	In 2001 Oregon passed a certification/qualification health care interpreter law to begin to standardize healthcare interpreter services. The authors will address in depth the genesis of the law, the deliberations necessary to implement the law and the final steps to operationalize the law in early 2006.
Results:	The Oregon interpreter law allows for an interpreter to voluntarily apply for a qualified/ certified status. Interpreting practices have already improved in preparation for the law implementation. It is clear those healthcare organizations, providers and interpreters are interested in improving health care interpreting.
Recommendations:	It is the expectation that Oregon's healthcare interpreter certification/qualification law will require further legislation to improve upon the initial law (i.e.: increasing of educational requirements) due to the rapid movement of healthcare interpreting practices nationally.
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Title:	The Salient Features of Cultural Competency: Public Health Concerns in the African Refugee and Immigrant Communities (241)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify salient features of cultural competency in the health community. At the conclusion of this presentation, the participant will be able to list five key features of cultural competency for providers dealing with African refugee and immigrant communities. 2. Demonstrate knowledge of key aspects of cultural competency for minority populations. At the conclusion of this presentation, the participant will be able to identify five characteristics of institutions and providers that are culturally competent. 3. Integrate culturally competent practices into their health care programs. At the conclusion of this presentation, the participant will be able to demonstrate three ways of integrating culturally competent practices in his/her their profession.
Issues:	The United States receives millions of immigrants, including those from African countries, with widely diverse cultural backgrounds. This wave of immigration introduces international and cross-cultural challenges within the U.S communities. Consequently, health care intervention programs in the USA occur in cross-cultural environments, and yet service providers may have little experience with immigrants from diverse cultural backgrounds. These cultural challenges are exacerbated when dealing with non traditional diseases such as HIV/AIDS, TB, and depression.
Description:	Methods: The authors interviewed key informants from the African refugee and immigrant communities who had been identified using the snowball sample selection technique. Authors also conducted systematic reviews of literature on cultural competencies with respect to minority populations. Inclusion criteria were developed using key words such as public health, cultural competency, minorities, immigrants and African refugees.
Results:	Relevant cultural issues affecting health access include two distinctive categories: a) factors within the African community, for example: 1. language barriers 2. Lack of information on available services and b) factors within the health care system, for example: 1. Limited cultural knowledge of consumers/clients. 2. Government policies affecting medical practice.
Recommendations:	1. There is need for intensive health needs assessment for Africans 2. There is need to include African community members in the program and health care design including assessments, implementation, and evaluation

Title & Number:	Community Health Mobilization, Sensitization, and Education among African Refugees and Immigrants in the United States: The Case of Metro-Atlanta, Georgia (244)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Diagnose barriers to effective community mobilization and sensitization campaigns 2. List five barriers to effective community health mobilization campaign 3. Identify appropriate tools for community mobilization and sensitization activities in the African communities 4. List three key tools for effective community mobilization campaign in the African refugee and immigrant community 5. Formulate effective community mobilization and sensitization programs 6. Distinguish three strategies that are appropriate for community mobilization campaigns in the African communities
Issues:	The Greater Atlanta area is experiencing an increase in refugee and immigrant populations from Africa. However, there is lack of HIV- related services targeting these populations. Recent communication among physicians in the DeKalb County and Grady Infectious Disease Program has shown that the HIV virus is spreading fast among African immigrant populations and yet these groups are not adequately tracked in the Ryan White program. Community mobilization and sensitization is an ideal way to get HIV prevention education and awareness programs into the African refugee and immigrant communities. Given the peculiar cultural beliefs and dynamics within these communities, innovative approaches are essential.
Description:	In collaboration with various community leaders and key people, the authors developed an extensive education campaign through the following activities: Prepare culturally appropriate HIV prevention and care education messages. Translate these messages in major languages used by the African refugees and immigrants. Disseminate information using electronic and print media that reports in the local languages of the concerned communities. Using local community leaders to disseminate information through churches and mosques. Using caseworkers and volunteers for door-to-door dissemination.
Results:	Results from the summative evaluation indicated that: Community gate keepers are key to a successful community mobilization and sensitization program within the African refugee and immigrant community; response is high when community members are involved in the planning and implementation process; culturally appropriate programs are necessary to address the public health information gap that currently exists in the African refugee and immigrant.
Recommendations:	Community involvement and ownership is key to sustaining programs and interventions in the African refugee and immigrant communities
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Title & Number:	Dedicated Minority Clinic for HIV- A successful way to overcome cultural barriers (246)
Learning Objectives:	Upon completion of this presentation the participants will be able to: 1. Describe how to set up a dedicated clinic for vulnerable populations. 2. Use cost sharing for HIV care with research to optimize resource utilization 3. Describe how to provide access to care for vulnerable populations.
Issues:	Minority populations in the US are frequently subjected to suboptimal HIV health care due to lack of access, cultural insensitivity of the providers and poor HIV specific knowledge among the clients. These frequently result in increase in mortality and morbidity among these populations. In Miami, Haitians are such a population as they speak only Creole and culturally they are distrustful of origin of HIV and the role of antiretroviral therapy. Most clients therefore do not attend clinics or comply with medications. Hence, the problems with this population have been to provide a location where there is Creole speaking staff and the patients are treated well with easy access to care. Other minorities have similar problems as well.
Description:	The Clinic was set up at the University of Miami (UM), Infectious Diseases AIDS Clinical Research Unit (ID-ACRU). The infrastructure was already in place. Funding was available form the Ryan White Program. A Creole speaking nurse was in the staff at the ID-ACRU. Arrangements were made for case management services (South Florida AIDS Net work – SFAN) to provide a Creole speaking case manager. The UM provided a Creole speaking social worker, Psychiatrist, non Creole speaking MD and a research associate. Most of the staff was Spanish speaking. The clinic has been in existence for almost 2 years, once a week with walk in services available on 4 days of the week.
Results:	Presently there are 154 subjects in care. There are 95 (62%) man and 59 (38%) women. There were Haitians 97 (63%), Hispanics 24 (16%), African American 22 (14%), Caribbean 5 (3%), Caucasian 6 (4%). They are receiving primary care as well as specialized care for HIV. They have also shown a great interest in taking part in research protocols for HIV and 30% have been on studies. This has resulted in cost savings up to $ 10,000 - 30,000.00 per subject per year to the state. The rates of pap smears and mammograms have been 99%. All comorbidities such as diabetes, hypertension and hepatitis B/C have been treated properly. The clinical outcomes are given in a separate abstract. Ryan White audits done on this program was reported as outstanding.
Recommendations:	This has been one of the most successful clinics in the University of Miami. The study aims to expand the number of clients over the next year.. The clinic hopes to set up a program to link subjects admitted with HIV to in-patients unit to be directly brought in to the clinic using peer educators and case managers so that all subjects admitted and have a diagnosis of HIV will be aware of this clinic and will have access to a clinic that is culturally sensitive.
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Title:	Geographic Clustering of Obesity, Diabetes, and Hypertension with Health Behavior and Neighborhood Characteristics (249)
Learning Objectives:	As a result of this presentation, participants will be able to: Describe what a geographic information system is, and how it is useful for studying health disparities. Discuss the geographic clustering of obesity, diabetes, and hypertension in the study city. Describe the relationship between health outcomes, health behaviors, and census tract characteristics. Talk about the implications for research, health promotion, and public policy.
Issues:	Obesity, diabetes, and hypertension threaten the health of communities. There are serious disparities by race, ethnicity, and socioeconomic status in these conditions. The goal of this research was to examine the degree to which these conditions cluster in specific neighborhoods what neighborhood characteristics predict high prevalence of health problems and unhealthy behaviors.
Description:	Data from two random community phone surveys were geocoded and combined into a single data set. Data were aggregated by census tract and those tracts with 10 or more interviews (129 of 144, 7,606 cases) were included. Geographic information system software (GIS) was used to create maps and statistical software was used to evaluate the association between health outcomes, health behaviors, and geographic location.
Results:	Obesity, hypertension, and diabetes prevalence in the 129 census tracts showed clear geographic clustering when mapped using GIS software. Linear regression analysis shows that spatial distribution of risk factors clusters with diabetes, hypertension, and obesity prevalence. Geographic clusters were similar for the health access, health behaviors, neighborhood safety, demographics, socioeconomic status, and neighborhood contextual measures obtained from census data.
Recommendations:	Analysis of geographic clustering can be used to identify high-risk neighborhoods and may be useful in planning and targeting public health interventions.

Title & Number:	Developing a model community based participatory research project to build trust and equity among Asian Americans and Pacific Islander communities to decrease cancer disparities (251)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe strategies to build trust and community leadership in research with low income, underserved Asian Americans and Pacific Islander communities. 2. Describe how to develop community principles of research including a Community IRB, a publication policy, co-ownership of data with the community, and agreements to continue to work with comparison communities to implement interventions. 3. Describe how utilizing community based participatory research will lead towards long term funding and successful partnerships with underserved communities.
Issues:	Cancer is the number one cause of death among Asian Americans and Pacific Islanders, yet these communities have some of the lowest rates of cancer prevention screenings. In addition, there are few studies and clinical trials documenting cancer prevention and treatment strategies for Asian Americans and Pacific Islanders. Studies that do exist many times aggregate the Asian American and Pacific Islander population and paint a picture of a population that is healthy with few needs. Thus, those Asian Americans and Pacific Islanders who are limited English proficient, immigrant or refugee, living in poverty have high needs that are masked and not seen in most existing studies.
Description:	REACH 2010 PATH for Women (Promoting Access to Health) project was started in 1999 to focus upon decreasing disparities for Pacific Islander and Southeast Asian women in relation to breast and cervical cancer. This project was developed as a community based participatory research project to examine strategies to improve screening and access to treatment for low income, hard-to-reach immigrant and refugee women and their families. Through the project, seven communities (Cambodian, Laotian, Thai, Vietnamese, Chamorro, Samoan and Tongan) participated as the intervention group in Southern California with the comparison communities in the Northern San Francisco Bay Area. More than 7,000 women and their families participated in the program through community education, patient navigation, medical interpretation, screenings and treatment support. More than 3,000 women participated in the 100+ question interview in 7 languages.
Results:	The REACH 2010 PATH for Women project built a great deal of trust in the community for research. From the project, we were able to jointly develop a Community Institutional Review Board; a publication policy outlining that the community be included as authors, co-owners of data, and that no publication, presentation, or other use of data be implemented without the communities' review and approval; and agreements with our comparison communities for assistance to obtain funding for interventions and technical assistance. In addition, the community partners have increased their capacity in research and have successfully received long term funding from NCI, NIH, and foundations.
Recommendations:	The authors recommend that other university based researchers examine how they implement community based participatory research methods and ensure that the community is in the lead and included at all levels at all times.
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Title & Number:	Youth and Parent Directed Intervention: An Effective HIV Prevention for African American Youth (252)
Learning Objectives:	Upon completion of this workshop, participants will be able to: 1. Identify and discuss research background and theoretical foundations of a youth and parent directed intervention program 2. Identify and describe the 8 sessions of the a youth and parent directed intervention program 3. Identify and describe the seven core elements of a youth and parent directed intervention program PACT 4. Discuss CDC national diffusion strategy for a youth and parent directed intervention program
Issues:	Recent statistics estimate that youth aged 13–24 account for 12% of all new HIV cases. Although HIV infection among all youth is increasing, not all adolescents are equally at risk. Cumulative HIV infection rates among African American youth accounted for 56% of the cases among ever reported (Centers for Disease Control and Prevention (CDC), 2004). These data suggest the need to design and deliver efficacious HIV prevention programs appropriate for at-risk African American youth populations.
Description:	The youth and parent directed intervention program was a community-university linked research/intervention programs. The goal of this intervention was to reduce the risk of HIV infection among African American youth. Due to its proven effectiveness, it has been adopted by the CDC Division of HIV/AIDS Prevention as part of the Diffusion of Effective Behavioral Interventions project to reduce the risk of HIV among this population. This workshop will provide an overview of the youth and parent directed intervention program, a culturally-appropriate HIV intervention that emphasizes abstinence and avoidance of substance use and drug trafficking among African American youth.
Results:	In a study conducted in 2000 by the researchers, participants were randomized to groups receiving youth alone, or with youth with parents. At 6-month follow-up, youth in youth with parents reported significantly lower rates of sex, sex without a condom, alcohol and cigarette use. At 12 month follow-up they had lower rates of use of alcohol and marijuana.
Recommendations:	CDC will nationally diffuse a youth and parent directed intervention program in 2006. The national dissemination has far-reaching effects to decrease HIV transmission among African American youth.
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Title:	African Americans and Asthma: A State of the Science (255)
Learning Objectives:	At the conclusion of the presentation, the learner will be able to: 1. Identify at least two historical, cultural, public health, or socio-economic mediators contributing to the health disparities in asthma between African Americans and other U.S. groups. 2. Gain an understanding of the scope and designs of the nursing research addressing this health disparity. 3. Critique the conceptual and theoretical modelling nursing research has applied to this health disparity. 4. Identify an area in which future nursing research can address this health disparity.
Issues:	The continued presence of racial disparities in asthma prevalence and complications between African Americans and other groups in the United States remains a critical clinical and public health issue. African Americans continue to have higher rates of asthma related emergency department visits, hospitalisations, and deaths than non-African Americans. Studies have shown that a wide range of factors contribute to these disparate outcomes including socio-economic characteristics, gene-environment interactions, and psychological and social factors. Programs designed to reduce disparities in asthma outcomes among African Americans need to examine the factors contributing to the disparity, while incorporating ethno-cultural issues in their interventions.
Description:	The purpose of this paper is to present a state of the science that examines how nursing research has impacted the health disparity in asthma prevention and treatment between African Americans and other U.S. groups over the past 20 years. A systematic literature review will be completed in relevant social science databases, followed by a thorough analysis of available research by a team of scholars. Through examination and integration, the paper will present the design and scope of the nursing science related to asthma in African Americans that emerged through literature review. A specific focus of the review is on the conceptual models used to organize the design, data collection, findings, or implications of the studies.
Results:	The findings of this state of the science will be presented in terms of: 1. Areas where there are gaps in nursing science about the prevention and treatment of asthma among African Americans. 2. The ability of the conceptual models used in the reviewed literature to capture the complex web of factors that produce disparate outcomes among African Americans with asthma. 3. Areas for future nursing inquiry and research related to this highly important health disparity.
Recommendations:	The paper will advocate for future nursing research and inquiry that builds on the present nursing science. As well, recommendations for areas where other health disciplines may focus their research will be presented, along with areas where interdisciplinary research can address this important health disparity.

Title & Number:	Structural and personal barriers to service utilization among HIV positive African-American women and Latinas and their families affected by the virus living in New York City (257)
Learning Objectives:	At the conclusion of the presentation, participants will be able to: 1. Identify 20 critical structural and personal barriers to service utilization among African-American women and 20 critical structural and personal barriers to service utilization among Latinas. 2. Identify 20 or more strategies used by HIV positive African-American women to overcome structural and personal barriers to service utilization and 20 or more strategies used by HIV positive Latinas to overcome structural and personal ` barriers to service utilization. 3. Identify 20 challenges faced by service providers in providing services to HIV positive African-American women and their family and 20 or more challenges faced by service providers in providing services to HIV positive Latinas and their family. 4. Identify 20 or more strategies used by service providers to increase access and service utilization levels among HIV positive African-American women and their family and 20 or more strategies used by service providers to increase access and service utilization levels among HIV positive Latinas and their family.
Issues:	Recent evidence indicates the feminization of the HIV/AIDS epidemic in the U.S. From 1999 through 2003, the annual number of estimated AIDS diagnoses increased fifteen percent among women and increased one percent among men By 2003, the rate of AIDS diagnoses for African-American women rose to 50 for every 100,000 women, 25 times the rate for white women, and the rate for Latinas was 12 per 100,000. African-American women and Latinas, who make up about one-quarter of the nation's women, are eighty-three percent of women with AIDS. AIDS had become the leading cause of death for Black women ages 25-34 and one of the four leading causes of death for Latinas age 35 to 44. This change in the demographic makeup of the epidemic is co-occurring with the feminization of poverty. In 2004, poverty rates grew for the fourth straight year and women were once again much more likely to be poor than men, with 14.3 million poor adult women compared to 9.7 million poor adult men. Nowhere is the link between gender, ethnicity, poverty, and HIV/AIDS rates more evident than in New York City.
Description:	The United Way of New York City decided to undertake a study of the current and emerging needs of women infected with HIV who are served by ten of their participating agencies. A sample of 145 women, 18 years and older with HIV/AIDS, who receive services from the Women and Families Initiative of United Way of New York City, an umbrella of ten non-profit agencies, were interviewed to assess their current and emerging needs. In addition, a sample of staff members from those agencies was assessed to understand the challenges faced in providing services to HIV positive women.
Results:	Findings indicate a need for an increase in local, state and national policies and programs that deal more specifically with women with HIV/AIDS. There needs to be further examination of structural forces that create "communities at risk" where the majority of the women with HIV/AIDS in New York City live. In addition, a more comprehensive understanding of the physical environment, including the homes and communities of women with HIV/AIDS is needed.
Recommendations:	More research is necessary to understand variability in service utilization patterns across demographic factors (potential to uncover factors that exacerbate health disparities).
Authors:	

Title & Number:	Cancer Patient Navigation: A Model for Addressing Health Disparities in Chronic Disease (258)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify the role of Patient Navigators in reducing and eliminating barriers to quality, standard care. 2. List various models of Navigation. 3. Discuss current Navigation initiatives.
Issues:	Cancer care is complex and frequently involves multiple providers. This complexity is increased for populations experiencing health disparities and can lead to delays in follow-up of abnormal cancer-related findings, timely diagnosis and initiation of cancer treatment, and completion of treatments. The result is increased suffering and mortality.
Description:	Cancer Patient Navigation represents an innovative approach to providing individualized assistance to patients, survivors, and families. The goal of NCI's Patient Navigator Programs is to develop effective interventions to reduce cancer health disparities by facilitating timely, continuous access to cancer care. Patient navigators are trained, culturally sensitive health care workers who help patients, families, and survivors "navigate" through the maze of doctors' offices, clinics, hospitals, insurance and payment systems, patient-support organizations, and other components of the health care system.
Results:	NCI is currently testing the effectiveness of different Navigation models through three initiatives—Patient Navigator Research Program; Northwest Native American Patient Navigator Pilot Program; and the Cooperative Planning Grant for Cancer Disparities Research Partnerships Program. Other Navigation initiatives include the CMS Cancer Prevention and Treatment Demonstration for Ethnic/Racial Minorities. In addition, the Patient Navigator Outreach and Chronic Disease Prevention Act, passed in June 2005, authorizes grants to support community-based programs that train and employ patient navigators.
Recommendations:	Over 100 patient navigation programs currently exist in the US; however, there is minimal evidence demonstrating the efficacy and cost-effectiveness of these programs. Evaluation of existing and new patient navigation programs is needed to determine the best models of navigation for various populations experiencing health disparities.
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Title & Number:	Changing Lives of Latinos Who Have Diabetes: Three Case Studies (260)
Learning Objectives:	At the conclusion of this presentation, participant will be able to: 1. Describe barriers to improving health experienced by urban U.S. Latinos originally from Puerto Rico and the Dominican Republic. 2. Describe three critical ingredients for changing behavior and health outcomes in a Latino community setting. 3. Describe community-driven and culturally-appropriate education to improve health.
Issues:	The purpose of this paper is to describe the experiences of three urban Latino adults in the U.S. who participated in community-based interventions to improve their health related to diabetes. They live in a community comprised predominantly of residents originally from Puerto Rico and the Dominican Republic. These two populations have a prevalence of diabetes of 10-14%, two-to-three times that of the general population locally and elsewhere in the US. The views of participants and of those who worked with them will be presented in text and video format in order to capture the full impact of their changed lives and the impact of a culturally appropriate, community-based and community-driven health education program.
Description:	Case studies of these individuals will focus on changes in their lives due to their improved understanding of diabetes, increased physical activity, and improved diet. Critical elements of their stories will reflect the importance of culturally-appropriate interventions in producing very significant changes in quantitatively measured health outcomes as well as improvements in quality of life experienced by the participants. The intervention provided hands-on learning experiences taught in Spanish regarding knowledge of diabetes, how to prepare traditional Latino meals in a healthier manner, and how to increase physical activity within the limits of the environment and those imposed by the disease and increasing age.
Results:	For example, one participant reported her experience as like having been blind and learning to see. Over a period of two years she lost over 15 pounds, reduced the number of required medications from five to one, and is living a happy life now without anti-depression medication. This happened as a direct result of a ten-week educational program designed specifically for her senior community center. Over 200 other senior Latinos completed the same program with similar results of improved blood sugar control, maintenance of constant or lowered weight, and enjoyment of regular physical activity.
Recommendations:	Encourage the expansion of health promotion and health education into community-based organizations outside the educational and health care domains. Encourage health-related program development based on the needs expressed by the community itself.
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Title & Number:	Culturally Appropriate Systems And Policy Change To Reduce Native American Childhood Obesity (262)
Learning Objectives:	At the conclusion of the presentation the participant will be able to: 1. Identify a culturally appropriate technique for gathering health information from the community. 2. Describe a strategy for increasing the likelihood of program sustainability. 3. Communicate the diabetes disparity between Native Americans and the general population.
Issues:	Policy and systems changes based upon evidence gathered from community members enhance the legitimacy of those changes and increases the likelihood of their acceptance. This case study chronicles the culturally appropriate development of policy and systems changes to promote health, in a predominantly Native American elementary school, from conceptualisation to implementation.
Description:	In 2000, the Eastern Band of Cherokee Indians received a REACH 2010 grant, from the Centers for Disease Control and Prevention (CDC), to develop and implement a diabetes prevention intervention called Cherokee Choices. A health profile of the community was developed from hospital and other data. A series of discussion groups and in-depth interviews were conducted to elicit the health priorities of the community. The community information and the quantitative health data gathered dictated that a cornerstone of the intervention be directed towards children. Based upon this constellation of information the intervention plan was finalized, utilizing a mentoring concept.
Results:	Teachers made schedule changes to allow Cherokee Choices staff to conduct lessons promoting physical and emotional well-being. An after-school component was started. The program is highly regarded by community members and its reputation has enhanced the success of other facets of the intervention. Community members feel strongly that the program be sustained.
Recommendations:	To sustain the program, the school system should assume the cost of staff for the program. Community volunteers should be trained and utilized to expand the reach of the program.
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Title:	Predictors of Clinical Trial Recruitment and Participation in Maryland (268)
Learning Objectives:	Upon completion of this presentation participants will be able to: 1. Describe serious gaps in the recruitment into and participation in clinical trials in Maryland 2. Describe racial/ethnic and geographic (urban/rural) disparities barriers in the promotion of and participation in clinical trials in Maryland 3. Describe the progress made in Maryland towards the promotion of clinical trial participation and literacy in rural community settings 4. Describe the barriers to research participation of diverse and underserved communities and innovate Best Practice Models in Maryland
Issues:	Clinical trials are a critical resource for the discovery of new prevention, diagnostic and treatment modalities for disease. For cancer, clinical trials have produced advances in treatment as well as prevention. The low participation in cancer trials by African Americans and other minorities may contribute to existing cancer survival and mortality rate disparities. These avoidable disparities in cancer research participation are a public health problem in that access to cutting edge advances in cancer prevention and therapy are not equitably available to those populations experiencing substantially higher cancer incidence, morbidity and mortality rates.
Description:	The authors utilized a cross-sectional design with Computer-Assisted Telephone Interview and random-digit-dial procedures to survey 5,154 adults (18 years or older) residing in 13 of the 24 jurisdictions in Maryland. The jurisdictions included urban Baltimore City, and rural Western Maryland and Eastern Shore. The clinical trials module was one component of an eight-module, 200-element survey on health behaviors and barriers, access, screening and health status. Independent variables included socio-demographics, health insurance coverage, and residence in either urban or rural settings. The primary dependent variables included “ever asked to participate” and “participated” in a clinical trial.
Results:	African Americans, and residents of rural Western Maryland and the rural Eastern Shore were less likely to be asked to participate in clinical trials. Among respondents asked to participate in clinical trials, African Americans and middle-income respondents were significantly less likely to actually participate in trials; whereas, respondents who were informed about clinical trials by their doctor, were knowledgeable about clinical trials, and who had the time commitment were significantly more likely to participate in trials.
Recommendations:	These results suggest serious gaps in efforts to recruit racial/ethnic minorities and residents of rural settings into clinical trials. The findings provided the basis for the development and implementation of a model (USDHHS designated National Best Practice Award) comprehensive systems improvement and integration effort to increase availability of community-based cancer clinical trials in rural areas of the state.

Title & Number:	Providing Culturally Sensitive Health Care: A Research-Based Patient-Centered Model (269)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify the characteristics of a patient-centered culturally sensitive health care model. 2. Summarize the associations among culturally sensitive health care and patient health outcome/status variables. 3. Describe the difference between patient-centered culturally sensitive health care and culturally competent health care.
Issues:	Research suggests a link between demonstrations of cultural sensitivity and competence, and the elimination of health disparities (Majumdar et al., 2004), However, there continues to be scepticism about the value of cultural sensitivity and competency training among providers because of a lack of empirical evidence linking cultural sensitivity and competency to improvements in health outcomes (Betancourt, 2004). Thus, there is a need for evidence-based models and research that empirically evaluate associations between cultural competency/sensitivity in health care and patients' health outcomes as well as health disparities.
Description:	The present paper puts forward and tests a research-based Patient-Centered Culturally Sensitive Health Care Model (PC-CSHC Model) for explaining the links among patients' perceived level of cultural sensitivity in health care, satisfaction with health care, and health outcome and status variables. Additionally, results are presented from a test of the PC-CSHC Model with Black and White primary care patients using a wait-list control design.
Results:	For African American patients, perceived cultural sensitivity was a significant predictor of patients' health care satisfaction (HCS) and health promoting lifestyle (HPL). HPL was a significant predictor of blood glucose level, and HCS was a significant predictor of diet adherence. These findings support the PC-CSHC Model. For White patients, a different pattern of findings emerged. Implementation of a PC-CSHC Model based intervention resulted in significant trends including higher medication adherence and lower blood pressure among the intervention patients but not the control patients.
Recommendations:	Support is provided for testing the PC-CSHC Model with larger and more diverse patient samples as such research may further link culturally sensitive health care (CSHC) to health outcomes of minority patients and thus motivate needed monetary investment in CSHC provision.
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Title & Number:	Separate and Unequal: Disparities and Discrimination in New York's Health Care System (270)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Compare data on health outcomes such as life span and survival rates between whites and people of color 2. Identify factors that contribute to the segregation of the poor and uninsured, who are predominately people of color, into different institutions and different systems of care 3. Assess the distribution of institutional subsidies and other payments 4. Evaluate the ability of managed care to create open access 5. Outline the recommendations that the Bronx Health REACH has developed to address these causes of health disparities
Issues:	Bronx Health REACH has identified a series of factors within the health care system that contribute to disparities in health outcomes, and developed a set of recommendations to address them.
Description:	Presenters will discuss multiple aspects of the health care system that influence access to health care and the quality of care available to different population groups. The discussion is based on the work of the Bronx Health REACH, a coalition of 40 community and faith-based organizations that work together on a number of health promotion programs addressing nutrition, fitness, diabetes education, and access to appropriate health care services. The group also examines and addresses the root causes of disparities.
Results:	Bronx Health REACH has demonstrated success in addressing policy change on the local level. Now the group is seeking change on a statewide level to address the six issues that the Coalition defines as critical contributors to disparities in the health care system.
Recommendations:	REACH has developed four recommendations to change the health care system in New York. They are to change the structure of Medicaid fee schedules to create equal access quality care; enforce the non-discrimination requirements outlined in New York State's Patient Bill of Rights and Medicaid, Child Health Plus, and Family Health Plus contracts; mandate the collection of patient race data in health care facilities; and require greater accountability for indigent care funds.
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Title:	Training and Assessing Physician Assistants for Cultural Competence: An Effective Pilot Curriculum Incorporating Standardized Patients (273)
Learning Objectives:	Upon completion of this presentation participants will be able to: 1. Identify elements of a cultural competence curriculum that incorporates standardized patients. 2. Identify specific observable cultural competence skills for health care providers. 3. Identify various observational skills assessment methods for cultural competence.
Issues:	Cultural competence is an essential skill if the effective medical practitioner is to achieve positive health outcomes among diverse populations like those in the United States. It has been established that a physician's ignorance of culturally relevant issues and health beliefs can negatively affect patient care and health outcomes (Betancourt & King, 1999; Brach & Fraser, 2000; Chin, Monroe, & Fiscella, 2000). According to the *Institute of Medicine*, equal access to health care, which is at the root of our nation's health care crisis, is directly related to the cultural competence of the health care workforce (2002). Yet, formal instruction in medical schools and in health care provider education programs is not a standard practice (Tervalon, 2003).
Description:	This pilot investigation explores the efficacy of a cultural competence curriculum integrated into an existing standardized patient (SP) program for physician assistant (PA) students at the *Philadelphia College of Osteopathic Medicine* (PCOM). After an extensive review of the literature and in conjunction with PA faculty, the curriculum was developed focusing on teaching students to explore the patient's perception of their illness and cultural beliefs affecting health behaviors. Forty-seven PAs participated in the cultural competence course, including completion of five culturally challenging standardized patient encounters. Cultural competence skills were assessed using various methodologies. These included standardized patient assessments via history taking inventories, a valid and reliable professionalism scale and evaluation of the working alliance. Also included was a review of the patient notes for presence of culturally relevant content by the faculty and video tape review of the sessions by the authors. Student course evaluations and debriefing sessions provided important feedback about the course content.
Results:	Statistical analysis found improvements in student performance in the cultural competence domains from the first SP encounter to the last encounter. Student performance was significantly better than that for ratings of the control group. Results from a survey and debriefing session for the course revealed that students felt the material was relevant, and an important skill in achieving clinical competence. Observations from the study, as well as student and SP feedback informed recommendations for future curricula. The use of standardized patients proved to be an effective method for immediately applying learned competency skills, and served as a useful feedback mechanism for student cultural competence skills improvement. Standardized patients proved to be reliable evaluators of student skills.
Recommendations:	Although many models for teaching cultural competence exist, few provide a systematic method for skills evaluation. This research study attempted to use assessment tools to investigate whether certain skills taught in the classroom would transfer to a simulated "real life" situation. Because no pre-existing measure or assessment tool could be found that suited this situation, a series of pre-existing instruments had to be used as proxy measures. This produced some valuable findings, but perhaps not as valid as it could be relative to a comprehensive analysis of skills. The creation of a cultural competence skills assessment tool that quantifies a health care provider's ability to engage a patient in a culturally competent medical interview and physical exam is in order.

Title:	How Rural Hospitals Accommodate Low English Proficiency (LEP) Spanish-Speaking Patients Through Language Assistance (274)
Learning Objectives:	Upon completion of this presentation, participants will be able to: -List the principal techniques rural hospitals use to accommodate Spanish-speaking LEP patients -State the main strengths and barriers to the provision of language services in rural areas -Identify at least three institutional characteristics relating to LEP accommodation that differ between hospitals in stable and high-growth Hispanic population areas. -Identify at least three approaches to language assistance services currently in use.
Issues:	In the U.S., the Latino population grew by 61% between 1990 and 2000, becoming the largest minority group, while the total U.S. population grew by only 13% over the same period. Limited English proficient Latinos encounter barriers accessing health care. This growth in the Latino population has increased the number of persons with limited English proficiency in rural regions of the country that are unaccustomed to providing language services.
Description:	The authors sent surveys to 841 hospitals located within 544 rural counties with moderate to high Latino growth rates between 1990 and 2000. This survey contained questions about the demand for hospital services, the tools used to provide language assistance, and strengths and barriers to providing language services. A total of 319 rural hospitals (37%) responded. Survey data were linked to demographic information about the county and to information about the hospital (type of services, level of care, etc).
Results:	Nearly all rural hospitals (92%) reported having at least one tool to help patients communicate their language needs to staff. The most common tools identified include: brochures (47%), language identification posters (36%), and language identification cards (33%). Principal local strengths were institutional support (82%), staff willingness to use interpreters (79%), access to telephone language lines (77%), and bilingual staff (66%). Principal barriers included lack of funding for interpretation (46%), lack of local language training programs (37%), lack of bilingual volunteers (34.9%), and lack of state agency support (34%). Hospitals serving counties with higher Latino population growth rates reported higher demand for emergency department, outpatient, and inpatient services compared with those hospitals with smaller Latino population growth rates. Several innovative approaches were identified.
Recommendations:	There are a variety of language accommodation resources, tools, and strategies available for hospitals to assist them in better serving their LEP clientele. Hospitals with high volume of Limited English Proficient patients should adopt a language assistance policy and provide adequate training for their staff. Results suggest that in areas with large numbers of LEP persons, the hiring of full-time interpreters is less expensive than the use of language telephone services.

Title & Number:	Utility of a Congregational Health Assessment (CHA) to Direct Health Promotion Efforts in Minority Churches (277)
Learning Objectives:	At the end of this presentation participants will be able to: 1. Recognize the utility of a CHA for collecting health information. 2. Identify health issues documented by churches from the CHA. 3. Describe how CHA data may be used to direct health promotion efforts.
Issues:	Health education is a critical component of health promotion, disease prevention, and reduction of racial/ethnic health disparities. The church is a focal point for health education efforts in minority communities due to its status as one of the most prominent and stable institutions. Involving health ministry leaders in health promotion efforts promotes ownership and sustainability and ensures that relevant cultural issues are incorporated. This presentation highlights a promising approach for providing culturally competent health programming in minority churches.
Description:	Sixteen participants from 12 churches attended a 4-month Health Ministry Institute (HMI), designed to help churches develop sustainable ministries to for health promotion in their congregations and communities. HMI attendees were instructed on conducting a CHA to identify prevalent health conditions and related behaviors. Completed surveys were returned within one month. Data were analyzed by HMI staff, results were discussed during a HMI session, and churches received copies of their results.
Results:	Four churches (33%) returned surveys (n = 292; 73% female). Prevalent health conditions were hypertension (30%), asthma (10%), STDs (13%), and diabetes (10%). Respondents reported “always/most of the time” engaging in health-promoting behaviors such as eating healthy foods (42%), regular exercise (36%), and getting regular check-ups (63%). Most respondents (>80%) indicated an interest in learning how to live healthy. An emphasis was placed on integrating biblical principles of healthy living. Participants felt that the church was responsible for promoting health, and were interested in attending their church’s health ministry programs.
Recommendations:	The CHA shows promise for health assessment, and can be used to identify health issues in churches. Future HMI sessions will provide additional instruction on obtaining representative samples, increasing participation rates and using CHA data to plan health promotion efforts.
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Title & Number:	The Health Ministry Institute (HMI): Partnering with Faith-based Organizations (278)
Learning Objectives:	Upon completion of this presentation participants will be able to: 1. List 2 effective strategies for reaching faith-based organizations (FBOs) 2. Identify 4 factors that help to develop authentic partnerships with FBOs 3. Describe the utility of a Train-the-Trainer (TT) model for effective and sustainable health education delivery through FBOs.
Issues:	Effective community participatory research mandates that communities become equal partners. FBOs are often focal points for accessing minority communities due to their prominence and stability as social institutions. Authentic partnerships with FBOs engage these organizations in conceptualizing, developing, implementing and evaluating health education activities. This ministry-based approach promotes sustainability of activities and ensures that relevant, faith-based concerns are addressed.
Description:	Developed in response to suggestions from local churches, the HMI is an inter-institutional, multi-disciplinary collaborative partnership designed to assist participating churches in creating sustainable health ministries. Information collected during a 4-session pilot series was used to develop a year-long series, based on a TT model. Topics ranging from grants and funding for FBOs, conducting congregational health assessments and general information on specific diseases (e.g. diabetes, cancer) are covered. The authors have also developed an intentional recruitment process to facilitate retention during the year-long series.
Results:	Sixteen persons representing 16 churches participated in the pilot HMI. Based on a brief, post-series telephone interview, almost 94% of participants indicated a willingness to participate in the year-long series. Many participants reported sharing HMI information with their congregations, and several reported initiating new health-related ministry activities.
Recommendations:	The HMI effectively engaged African-American churches in health education activities. The year-long series will permit evaluation of the HMI's efficacy and longer term sustainability.
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Title & Number:	The Assessments of Racial Health Disparities In Renal (Kidney) Transplantation (280)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Discuss retrospectively observed patients to distinguish a Multivariate Cox Proportional Hazards Analysis of racial disparities in renal transplantation. 2. Categorize fundamental dynamics of an independent effect of race on disparities of renal transplantations. 3. Describe an intervention education curriculum of renal health literacy, scientific knowledge, social awareness and prevention of renal disease and transplantation to eliminate racial disparities and equalize renal transplantation success rates.
Issues:	While multiple investigations confer the underutilization of renal transplantation, only a few investigations specify the racial disparity in transplantation of a multivariable analysis and outcomes, with the potentiality for interventions to alleviate racial transplant complexities. In the United States, African Americans make up approximately 12.70% of the nations total population; nevertheless, African-Americans (AA) shockingly represents 35.70 % of patients with end-state renal disease (ESRD) in the United States. African Americans are four times more prone to develop renal failure than Caucasians-Americans (CA).
Description:	Minority Men's Health Center (MMHC) retrospectively observed patients to distinguish a Multivariate Analysis of racial disparities in renal transplantation, with the purpose of categorizing fundamental dynamics of an independent effect of race on disparities of renal transplantations. This investigation population of Caucasian (CA) and African Americans (AA) [N=772, 168=AA (22%), and 604 =Caucasian (C) (78%)] consists of renal transplant recipients from Jan. 1995 through Mar. 2004 from the Uniform Transplant Database (UTD), a comprehensive database maintained for all transplants performed at the Cleveland Clinic Foundation.
Results:	The demographic for preoperative variables, apart from the percent w/Medicaid, were equivalent. Regardless of disparity in immunosuppressive regimens and HLA-match, AA had an advanced rate of rejection measures (AA=19 % vs. C=13 %, p=0.05). Also prominent features of disparities in ESRD etiology (hypertension AA = 32%, C =5 %, p<0.0001) and graft type (AA =70 % cadaveric vs. C=53 %, p=0.0003). Serum creatinine was persistently outstanding compared with Caucasian at each post-transplant time position, at a 3-year follow-up with AA= 2.8 vs. C= 2.0 (p=0.008). The distinction in living donor graft survival at 5-years was not significance (AA = 75%, C = 90%, p=0.5). Nevertheless, the differentiation for cadaveric grafts at 5-years was statistically significant (AA =71 %, C=84 %, p=0.002). with disease/transplantation comprehension.
Recommendations:	Hence, the MMHC proposes structure attentive disparity interventions such as the novel urological health literacy curriculum; genotyping evaluations and community development intervention for AA transplant candidates. This may facilitate and enhance living donor rates as well as strengthen donor compliance. This curriculum potentially will decrease renal transplantation rejection incident and improve overall renal health management, thus decreasing the potentiality of racial disparities associated with renal transplantations.
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Title & Number:	Addressing Racial and Ethnic Disparities in Asthma: The Boston Experience (282)
Learning Objectives:	Upon conclusion of this presentation, participants will be able to: 1. Identify factors that explain high prevalence of asthma in communities of limited socio-economic resources and of colour 2. Summarize benefits of focus groups in health disparities research 3. Identify important pediatric asthma topics
Issues:	Childhood asthma increased dramatically in the past two decades. Asthma prevalence and morbidity rates are higher among Black and Latino children; hospitalization and mortality rates are borne disproportionately by Black children. In 2002, hospitalization rates for Black and Latino children in Boston were much higher than for other children.
Description:	As a partner in the Asthma Center on Community Environment and Social Stress, the Center for Community Health Education, Research and Service, Inc. conducted focus groups to examine differences in perceptions about asthma etiology, disparities, and effective treatment with health care providers from Boston's community health centers and caregivers of asthmatic and non-asthmatic children. Focus groups results and lessons learned for research and health practice are presented.
Results:	Three salient themes were uncovered: treatment, stress, and the environment. The data shed light on obstacles inner city residents face to effectively manage asthma, including financial, cultural and language barriers; daily stress from discrimination and environmental conditions. Problems with sharing medication due to financial constraints and not taking medication as prescribed due to side effects are highlighted.
Recommendations:	Several potential future actions are recommended including training health professionals about daily socioeconomic and environmental barriers to care faced by families, and providing education about asthma management.
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Title & Number:	The Latina Initiative: A breast and cervical cancer screening and education program for the uninsured Hispanic community (284)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe a sustainable cancer education and screening program for an underserved population 2. State the importance of bilingual patient navigation in today's healthcare system for vulnerable populations facing many barriers to care 3. Demonstrate the challenge of collecting evaluation data across multiple program sites 4. Summarize lessons learned for cancer screening programs targeting underserved communities
Issues:	The Latina Initiative is a sustainable program that provides preventive services and education to an underserved at-risk Hispanic population. The Latina Initiative clinics offer a friendly environment, encouraging women to spread the message of early detection and refer friends and family members to the program.
Description:	For the past 11 years, The Latina Initiative has provided bilingual and culturally appropriate breast and cervical cancer education, screening and early detection for medically underserved Hispanic women first in Washington, DC, and more recently in McHenry County, Illinois. The Latina Initiative reaches an uninsured population and, through partnerships, ensures free medical follow-up and treatment should breast or cervical disease be detected. The coordinators guide these women through a complicated and unfamiliar healthcare system, providing emotional and informational support, translation, and access to care that may not otherwise be possible.
Results:	The Latina Initiative is a long-standing program that has provided valuable cancer screening and education services along with patient navigation and follow-up care for an uninsured Hispanic community. Demographic and reach statistics, and patient satisfaction measures are collected and managed in databases at all three clinics. Additionally, a tool to measure the patient navigation component of the program will be developed in the upcoming year.
Recommendations:	Future actions include: the continuation of services provided by the program and the maintenance of partnerships to ensure all necessary follow-up care; the inclusion of more preventive screenings such as glucose testing; revisions and enhancement of data collection across all three sites; and the expansion of the program to reach more women.
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Title & Number:	From the Horses Mouth: Latinos and Mayans speak out about their Social and Health Needs (285)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify health and social concerns of Latin American immigrants in a suburban/rural county 2. List socioeconomic and infrastructural barriers to access services 3. List alternatives to improve access and cultural competency 4. Describe how these barriers and recommendations apply to their working environment
Issues:	Cherokee County, a traditionally homogenous suburban Georgia county has recently experienced an unprecedented influx of Latin American immigrants. This dramatic population change has represented a tremendous challenge for both health service providers and the new Cherokee residents. Health services providers were caught without resources to serve a primarily Spanish speaking community and Latin Americans were challenged by an unknown health and social system that was unaware of their habits and beliefs. In addition, a large Mayan community from Guatemala added complexity to the challenge. This study assesses the needs of these communities and the difficulties encountered by the service provider.
Description:	In order to assess the needs/concerns of the new Cherokee residents and to identify the challenges of providing services to them, five focus groups of 6 men and 33 women were conducted. In addition, representatives from local agencies were interviewed. The focus groups had participants from Panama, El Salvador, Guatemala, México and Colombia representing the diversity of the local community. Among the service providers represented were the Department of Health and Human Services and the local hospital.
Results:	The focus groups revealed Latin Americans' health concerns and the effect of their socioeconomic and immigration status on their health and help seeking behavior. In addition, health and social professionals provided a candid perspective of their challenges providing services to an unfamiliar population.
Recommendations:	Recommendations to inform the community and make structural changes aiming to improve access to services, increase cultural competency and reduce health disparities are made based on the suggestions from the focus groups' participants and the service providers interviewed.
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Title & Number:	Implementing A Lay Patient-Navigator Program To Reduce Barriers For Minority Patients Access To Cancer Care And Clinical Trials: Essential Steps And Initial Challenges (286)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify the essential steps in implementing a lay navigator program in a high need and low income community 2. Explain the recruitment, screening and training of lay navigators 3. Formulate a quality assessment process for a lay navigator program 4. Evaluate the lay navigator model's effect in overcoming barriers to care thought to be basis for disparity in cancer treatment outcomes
Issues:	Cancer care is a complex series of interactions with the healthcare system. The use of patient navigators, who serve as personal advocates, can facilitate patients through the care process. The concept of a patient navigator and the corresponding literature is relatively new with definitions and implementation of the concept varying widely across different settings and investigators. Navigator models described range from one or more full time salaried professional case managers to lay volunteers from the community. Providers have little information regarding the validity of patient navigator programs for their practice setting, what type of patient navigator program should be implemented and what are the basic steps required to establish a program.
Description:	The authors' Disparities Project established the infrastructure to conduct cancer clinical trials and developed a lay patient navigator program whose primary goals are to decrease barriers to receiving cancer care and to examine the possibility of increasing voluntary accrual to clinical trials though the function of the lay navigator. All patients are offered navigation and continue to receive navigation whether they qualify for or participate in clinical trials. The authors describe the practical considerations and the steps in setting up a comprehensive lay patient navigator program in a community hospital serving a minority and low income community and begin to examine the effects that navigation has on the timely delivery of care.
Results:	The authors successfully implemented a robust lay patient navigator program for a high need low resource community. Thirty-one community volunteers completed training and are navigating patients. To date, of 123 patients offered navigation services, 68 (55%) accepted services. Preliminary assessment has demonstrated a high level of satisfaction with the navigation experience. Evaluation templates are in use to examine the quality of the navigation experience including success in elimination of barriers to care and effects of navigation on the perception of and the accrual to clinical trials.
Recommendations:	Ongoing evaluation of this lay patient navigator program will provide practical information regarding the quality of the navigation experience including success in elimination of barriers to care and effects of navigation on the accrual to clinical trials.
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Title & Number:	Engaging American Indian Communities in Planning for Integrated Health and Social Services To Effectively Address Health Disparities (289)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify and describe three approaches to engaging AI/NA populations in participatory health planning 2. Describe methods to integrate health and social services those most appropriate for the AI/AN community context 3. Describe barriers to planning for integrated health and social services for the AI/AN population, and approaches to overcoming the barriers
Issues:	A deficit in access to comprehensive, coordinated health and social services for American Indian/Alaska Native (AI/AN) communities inhibits the ability of these communities to effectively address the significant disparities in status measures and service outcomes for this population. Engaging AI/AN in participatory planning for, and implementation of, integrated health and social services is an approach grounded in both health services and civic engagement research.
Description:	Through several projects over nearly a decade, the authors have devised approaches for tribal and other organizations to collaborate on participatory, integrated multi-sector health and social services planning among tribes in North Central Wisconsin. They have used mixed method research tools and processes, innovative approaches to engaging isolated and vulnerable populations, and creative training and other educational technology to incorporate tribal culture and traditions and to engage the broad, grassroots community, service providers, and the client community in dialogue regarding needs assessment and services evaluation.
Results:	The multiple related projects have resulted in: 1. Tribal, county, and community-based organization staff being trained in needs assessment, evaluation, and program planning methods and in service delivery techniques specifically related to the health issue(s) of concern to the project 2. The development and institutionalization of three academic programs for AA degrees at a tribal college 3. Strengthening the capacity of tribal organizations to coordinate planning and services delivery across the health and social service system at multiple levels 4. Reported improvements in service delivery
Recommendations:	The methods used can be adapted for other tribal communities, recognizing the distinct cultural and other factors that pertain to each. The methods used to conduct evaluation research can be expanded to enable tribal communities to conduct community epidemiology projects related to rare heath conditions of high prevalence (e.g., blastomytocis) in certain tribal areas and yield data that could be used by CDC and other Federal agencies to further explore the problems and devise programs to address them.
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Title & Number:	Enhancing TB Care for Persons From Mexico (290)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Summarize the disparity in the TB burden in the United States (U.S.) among persons born in Mexico as compared with U.S.-born persons 2. Explain the importance of providing culturally-appropriate TB services 3. Describe recommendations for TB programs serving Mexicans in the U.S
Issues:	Track 6: Culture, Language and Health Literacy This project's ethnographic approach explored knowledge, attitudes, and perceptions of TB causation, risk, stigma, and challenges to accessing care.
Description:	The study goal was to describe the ethnographic aspects of the increasing burden of TB among foreign-born populations in the U.S. Mexicans, who account for the largest percentage (26%) of foreign-born TB, were one of five groups included in the study. Open-ended interviews with 50 persons from Mexico were conducted by bilingual, bicultural researchers. Persons with active TB, latent TB infection, and no history of disease or infection were recruited from TB clinics and local communities in two U.S. study sites.
Results:	Findings suggested that, while Mexicans reported that they would seek traditional health specialists if they suspected they had TB in Mexico, most would see a doctor if they were in the United States. Getting TB from malnutrition and exchange of bodily fluids were among the commonly reported misconceptions. Fear of rejection was also a common theme. Barriers to care and treatment adherence included fear of wage loss, lack of transportation, limited clinic hours, costs, and communication gaps. Most participants wanted more TB information, especially via radio, TV, and videos in Spanish.
Recommendations:	Although this study was based on a small sample, several programmatic implications can be drawn: • Take time to assess clients' understanding of TB and tailor information to dispel misconceptions and ensure effective communication. • Emphasize confidentiality to allay fears. • Enhance service acceptability based on local assessments; this may include extending hours or offering transportation assistance. • Use oral and written formats to communicate. • Hold community talks to raise awareness about TB and the availability of free, effective treatment and prevention.
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Title:	Expanding the Pipeline for Culturally Competent Healthcare Leaders (291)
Learning Objectives:	1. Upon completion of this presentation, participants will be able to develop an undergraduate program that feeds into graduate programs in healthcare administration. 2. Upon completion of this presentation, participants will be able to understand the elements of a successful pipeline program in healthcare administration. 3. Upon completion of this presentation, participants will be able to develop evaluation and follow-up systems that allows them to track the career progress of their program participants.
Issues:	Health care administrators are in many respects, the invisible partner in health care. As leaders of the various health care component parts—health care delivery sites, pharmaceutical and medical device companies, insurers, governmental agencies, etc.—health care administrators have the ability to impact the accessibility and quality of the services provided. As such, efforts need to be made to increase the diversity and expand the ranks, of these healthcare professionals.
Description:	In 2002, the author's Masters in Health Administration Program launched the Diversity in Healthcare Initiative. Given that health administration is still a word of mouth field, the project provided either a summer or winter 'enrichment' program experience to introduce undergraduates to careers in healthcare administration. Through a variety of venues—site visits, career panels, meeting graduate school recruitment specialists, and masters program degree representatives—students were able to quickly see the potential offered by a masters degree in healthcare administration.
Results:	To date, 18 of the 58 enrichment program participants have either started or completed graduate programs in healthcare management. Moreover, graduates of the enrichment program have gone on to receive some of the most competitive post-graduate fellowships in healthcare administration.
Recommendations:	Efforts need to continue and expand the pipeline for healthcare professionals from diverse communities. Moreover, pipeline programs should be developed across professions—medicine, dentistry, nursing, administration, etc.—so that students of color that are interested in health will stay in health.

Title & Number:	Using Social Networks to Reach High Risk Individuals for HIV Infection in Communities of Color (292)
Learning Objectives:	By the end of this presentation, participants will be able to: 1. Describe the three categories of social networks. 2. List and define the three components of the social networks project. 3. Assess the effectiveness of using social networks to reach high risk individuals with HIV infection.
Issues:	Communities of color are disproportionately affected by HIV/AIDS. Continued high rates of HIV infection in these communities underscore the importance and the need for new strategies to identify persons with undiagnosed HIV infection. Approximately one fourth of the estimated million persons living with HIV in the United States are not aware of their infection and their risk of transmitting HIV. As a part of the Advancing HIV Prevention (AHP) Initiative, identifying HIV-infected persons who are not aware of their infection and linking them to medical care and prevention services is a national priority at CDC. One promising strategy for reaching and providing HIV counseling, testing, and referral services to persons who are unaware of their status is the use of social networks. Enlisting HIV-positive persons to encourage their associates to be tested for HIV may be an effective method for accessing individuals who are infected but unaware of their status.
Description:	CDC recently funded nine community-based organizations in seven cities to implement social network strategies for reaching and providing HIV counselling, testing, and referral services to persons at risk for HIV infection. The organizations funded for this project: 1) enlist HIV-positive persons in communities of color (recruiters) to encourage persons from their social, sexual, or drug-using networks (network associates) to be tested; 2) provide HIV counseling and testing services to these persons; and 3) link those who are found to be infected, or at very high risk for becoming infected, to appropriate medical care and prevention services.
Results:	From October 1, 2003 to July 31, 2005, a total of 389 recruiters were enlisted to participate in the project. Sixty percent of the recruiters were African American and 23% were Hispanic. They successfully referred 2702 networks associates for HIV counseling, testing and referral services. Fifty percent of the network associates referred for testing were African American and 40% were Hispanic. On average, each recruiter referred about 7 associates for testing. One hundred fifty-six new positives (61% African American and 35% Hispanic) were identified in this project with a prevalence rate of 5.8%, nearly six times the average rate seen in publicly funded HIV counseling and testing sites. The highest rates of undiagnosed HIV infection were found in networks of men who have sex with men (14%) and transgender individuals (9%). Of the 156 newly positives identified, 105 were referred to care services. Of the 105 referred, 66 (63%) were successfully linked to care.
Recommendations:	These findings demonstrate the value of a highly targeted approach to counseling and testing in African American, Hispanic, MSM, transgender, and other at risk populations. It is recommended community-based organizations and health department consider employing the social networks strategy to reduce HIV transmission in communities of color.
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Title:	Healthy Living for American Indian and Alaska Native Elders (294)
Learning Objectives:	Upon completion of this presentation, participants will be able to help AI/AN Elders understand the principals of a healthy diet and empower them to achieve it through community garden projects
Issues:	Among the American Indian and Alaska Native Elder population aged 55 years and older, diabetes mellitus was identified as the top five leading causes of death. From 1982 to 1996 it has gone up from fifth to third as the leading cause of death for AI/AN Elders, an increase of fifth-nine percent since 1982.
Description:	The project is to develop a culturally specific participatory action research model that will facilitate the awareness of Tribal Elders in their communities about how to prevent diabetes and enhance their quality of life by giving them a productive activity that allows them exercise and the ability to interact with others through gardening.
Results:	Create community capacity for Elders to take charge of their health, nutrition, and overall well being to prevent type II diabetes by allowing them to grow their own nutritious foods. The gardens provided a means for Elders to grow the recommended fresh fruits and vegetables to add to their daily diets without straining their limited income. It provided Elders with low-impact exercise, an opportunity to reduce stress, an activity that contributes to positive self-esteem and a sense of independence.
Recommendations:	Using participatory action research model entails relationship building with a community and it cannot be rushed. The community will come to its own terms on when it will take ownership of its problem and decide to do something about it. This is one of the ways that it can start on the path of becoming a healthy community. As an outside agency, we can only provide the tools and information for them to make an informed decision about its issues.

Title & Number:	Project HANDLE: Lessons Learned from a Community-Partnership to Prevent HIV and Substance Abuse among Cambodians in Seattle (298)
Learning Objectives:	At the conclusion of this session, participants will be able to: 1. Describe the incidence/prevalence of HIV/AIDS and the socio-cultural risks among Cambodians. 2. Identify participatory approaches for conducting an HIV/AIDS assessment with ethnic minority communities. 3. Describe lessons learned and recommendations for using a participatory model for HIV/AIDS and substance abuse prevention programs, research and evaluation, and capacity building efforts.
Issues:	Although advances in HIV treatment has halted the progression of AIDS, HIV still remains a public health problem and growing epidemic disproportionately affecting communities of color. According to CDC estimates, of 40,000 new HIV cases per year, minorities represent approximately 70%. Prior attention has focused on African Americans and Latinos, the epidemic's new focus includes Asian Americans and Pacific Islanders (AAPIs) as emerging at-risk groups. Among Asians, Cambodians represent an extremely high risk group due to the AIDS epidemic in their home country. Availability of disaggregate HIV data for AAPIs is rare at the local, state and national levels. Moreover, misclassification and underrepresentation of Asians in research hinders development of culturally appropriate prevention programs.
Description:	Washington State is home to the nation's third largest Cambodian population with the majority residing in Seattle/King County. Cambodians face numerous social, economic and cultural barriers including high rates of poverty, unemployment, truancy, school drop outs, substance abuse, and risks for sexually transmitted diseases. Furthermore, Cambodia's HIV/AIDS epidemic, globalization and increasing transnational migration, socially acceptable promiscuity and substance abuse among males, community norms and stigma compounds these risks. In 2001, AIDS cases among Asians in King County were double the national rate, i.e., 120 diagnosed, a 16.5% increase since 1999. Of HIV cases, Cambodians represented 19%. Project HANDLE's (HIV/AIDS Network Development and Life-Skills Experiences) Cambodian Coalition mobilized partners to conduct a community planning effort to address HIV and substance abuse. HANDLE promotes collaboration and identification of prevention strategies. Goals include to increase: 1) provision of integrated prevention services; 2) number of organizations providing services; and 3) capacity of Cambodian serving organizations to sustain services.
Results:	Limited knowledge and misinformation about HIV and substance abuse; gaps in culturally and linguistically appropriate services; community attitudes and behaviors favoring substance abuse; parents' loss of control over children; negative peer influences; sexual, gambling and other risky behaviors were found. Best practices were integrated into the design of prevention programs, along with culturally and linguistically appropriate strategies for adult education and intensive services for at-risk youth. Capacities to conduct research and evaluation and develop and implement a sustainability plan to replicate HIV and substance abuse programs community-wide were increased.
Recommendations:	Lessons learned include strategies for forming a diverse collaborative model to enhance service provision, community members' capacities to conduct research/evaluation, integrating prevention models into existing programs, and developing plans to leverage funding. Efforts to expand services and build capacity to enhance HIV and substance abuse prevention for Cambodians will continue to benefit the broader community.

Title & Number:	A Spirituality Centred Health Program: A Faith Based Initiative to Reduce Health Disparities Among African Americans (299)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe the role of the church in health education programs for African Americans. 2. Describe the organization of a public health-community partnership. 3. Identify important health information and events that can be delivered through church partnerships.
Issues:	Substantial health disparities exist within ethnic/racial minority populations. Public health professionals are realizing the importance of implementing culturally appropriate health programs in community settings such as the church. Similarly, community-based partnerships are critical in developing research agendas to assess the effectiveness of church-based health education interventions.
Description:	This program is a faith/community-based health education program developed to provide accessible health information to African Americans through their churches, with the goal of reducing tobacco related health disparities. Through a partnership between the local health & human services and the Black Minister's Conference, the program outreaches to 11 African American churches, with a team of 21 community outreach workers. Monthly meetings focus on a key health topic. Outreach workers disseminate topic-related materials and organize health education efforts. Congregations were surveyed on their health concerns, interests and their familiarity with a spirituality based health program initiatives.
Results:	In collaboration with a research/medical institution, the program Cares survey was developed and administered. Initial results have demonstrated that this spirituality based health program is a well-utilized, accessible program and provides an important opportunity for delivering community-based health education to African Americans.
Recommendations:	Survey should be repeated and results continue to inform this spirituality centred health program on the congregations needs and concerns, future program direction and overall impact of health messages. The program should explore new and creative culturally appropriate marketing approaches to motivate community participation in health initiatives.
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Title:	Leading Health Indicators Among Deaf Children in Rural Areas (301)
Learning Objectives:	At the end of the presentation, the Participants will: (1) Identify of the status of five of the Leading Health Indicators (LHI) among deaf children from a primarily rural state. (2) Recognize that there are major health disparities in the LHI across minority populations among the deaf. (3) Specify that these deaf Native American children have more prevalent issues than other deaf children.
Issues:	Little or no clear surveillance data are available on the LHI among minority populations with disabilities. There is a particular paucity of data among children with hearing loss. This disability group is not homogeneous and it is comprised of minority groups within itself, usually divided by race, ethnicity or language of use. In this rural state, the population includes Native Americans, deaf children of Hearing parents, deaf children of Deaf parents, and deaf children of the Hutterite culture with high incidence of deafness given intermarriage.
Description:	Deaf children attending the South Dakota School for the Deaf, who were also members of one of four cultural groups, were monitored for the presence or absence of 5 LHI (obesity, tobacco and substance abuse, mental health problems, and violence in the home).
Results:	Disparities in LHI were found across these minority groups within deafness. Native American deaf children had significantly more obesity, substance abuse, mental health issues, and violence in the home than the other groups of children. Mental health and violence in the home were also found among the other groups. There was a significant relationship between age of identification of deafness and the present of mental health and violence in the home, while cultural values, language and geography all strongly influenced the prevalence of LHI.
Recommendations:	Surveillance data need to be gathered and monitored on deaf children in rural states, with particular attention to deaf, Native American children. Strategies need to be developed to address these LHI problems and enhance their access to healthcare services. Liaisons need to be developed between health care, education, and research to achieve these ends.

Title:	Creating Culturally Responsive Organizations: Enhancing Community Mental Health Services for African American Clients (302)
Learning Objectives:	1) Upon completion of this presentation, participants will be able to articulate the difference between culturally competent organizations and work force diversity. 2) Upon completion of this presentation, participants will be able to identify the factors within the concept of organizational climate that are likely to impact treatment outcomes for African American clients. 3) Upon completion of this presentation, participants will be able to identify some of the significant the barriers to conducting racially and ethnically focused multilevel research in community settings.
Issues:	Organizational climate has a significant effect on staff performance, their emotions and attitudes about the workplace, and the quality of their relationships with clients. These factors, in turn, are likely to influence the quality of services provided and the outcomes of those services. Surprisingly little is known about the linkages between organizational climate and treatment outcomes in community mental health agencies (CMHAs) and no research to date has systematically examined the relationship between organizational climate and racial or ethnic disparities in outcomes among CMHA clients.
Description:	The research used a sample of adult clients and staff from two CMHAs in the Midwest. African American clients represented approximately 15 percent of the sample. Measures of organizational climate were administered to staff and to clients with staff completing the Work Environment Scale and clients completing the 28-item adult version of the Mental Health Statistical Improvement Program survey.
Results:	The organizational climate profiles of the agencies were compared on dimensions of interest, including innovation, task orientation, goal clarity, involvement, and physical comfort. In addition, the organizational climate profiles were linked to client perceptions of service quality at each agency, with results suggestive of the role played by several key dimensions of organizational climate.
Recommendations:	The authors plan further research that will incorporate multiple levels of analysis, including the client, staff, and organization, to clarify how daily practices translate into a service culture that African American clients perceive as effective and inviting. Eventually, an organizational intervention will be developed to enhance CMHAs' responsiveness to African American clients' needs.

Title & Number:	Improving Cultural Competency: Tools to Assess and Develop Organizational Systems (313)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Formulate definitions of culture, community, and cultural and linguistic competency. 2. Identify major components of a systems approach to cultural competency. 3. Use tools to assess and develop systems and action plans for working more effectively with diverse communities.
Issues:	Cultural competency training is a common approach to helping staff learn to work more effectively with diverse communities. Cultural competency training is critical, but should be supported by systems change to improve and have lasting impact on the way in which services are delivered. For example, staff may be trained in cultural competency, but, if the organizations in which they work do not engage in ongoing assessment of policies and procedures that support the delivery of culturally competent services, then these efforts cannot be sustained. Therefore, it is important to provide organizations with user-friendly tools to assess and develop systems and action plans for working more effectively with diverse communities.
Description:	Since 1999, the authors have worked with administrators, managers and staff in community health centers, family planning and reproductive health clinics and other community-based organizations to initiate systems change to support the delivery of services in a culturally competent, integrated manner. Through this work, they have developed and administered tools to conduct an assessment of components—board, management, staff, service delivery systems and communities served—that impact organizational cultural competency.
Results:	This tool provides an opportunity for organizations to make planned and sustained action toward a more culturally competent organization. For example, the authors have used these tools in working with a community health center that operates two clinics in an urban area and with a large family planning and reproductive health organization that operates 17 clinics in an eight-county region. Results included an articulated board statement to the staff regarding cultural competency, identification of underserved communities and community partners, and staffing changes.
Recommendations:	To improve and have lasting impact on the way in which services are delivered, organizations must assess and develop systems and action plans for working more effectively with diverse communities.
Notes:	

Title & Number:	A Community-Collaborative Response to Preventing Dating Violence and Promoting Healthy Relationships: Empowering Young Asian American Women Leaders (314)
Learning Objectives:	At the conclusion of this session, participants will be able to: 1. Describe required steps to mobilize a diverse group of stakeholders, to build community capacity for and to advocate for the prevention/reduction of community violence. 2. Identify how to incorporate and utilize community assessment findings and evidence-based best practice models in designing and developing violence prevention programs, evaluating, and disseminating information for community advocacy. 3. Describe the significance of and criteria needed to tailor program planning, design and development of curriculum, and evaluation to meet the cultural and linguistic needs of API young women and how to engage them in community violence
Issues:	Estimates reveal one in three young women have or will be involved in an abusive relationship. This public health problem plagues society with soaring costs and leaves long-term emotional scars tormenting young women. Furthermore, physical aggression in dating relationships varies among minorities, with Blacks and Latinos reporting high rates compared to Caucasians. Yet, little is known about dating violence among Asians/Pacific Islanders (API) young women. For immigrants, cultural factors, stigma, and shame compound the magnitude of the problem.
Description:	In 2003, the Eastside community initiated the API Young Women's Project to reduce and prevent teen dating violence. Focus groups were part of a community assessment designed to identify gaps in services and community needs. Over 100 key stakeholders including youth, parents, providers, school officials, representatives from faith-based organizations, business, and other sectors participated in the groups and community forums. Findings were integrated with best practice models for dating violence prevention and resulted in the design of a youth leadership program aimed at raising community awareness, providing education, and advocating for healthy relationships.
Results:	The collaboration resulted in developing a comprehensive, twenty-six week dating violence prevention curriculum incorporating positive cultural, ethnic identity, addressing risks for depression and suicide, highlighting media messages, and aiding youth to on characteristics of healthy relationships. Another program feature is a school-based support group for API young women. Year one curriculum implementation resulted in young women providing peer education and support to over 150 community members, including other school-aged young women and men and adults in the broader community.
Recommendations:	Collaborative and empowerment approaches to working with community stakeholders, especially young women, in program planning, design, and evaluation are needed to combat community violence and promote healthy relationships and communities.
Notes:	

Title & Number:	Prostate Cancer Screening in High Risk Men (315)
Learning Objectives:	Upon completion of this presentation participants will be able to 1. Compare prostate cancer screening rates of high risk African American men with African American and Caucasian men from the general population. 2. Describe the need to inform at risk African American men of the benefits and limitations of prostate cancer screening. 3. Identify one or more steps that can be taken by health care providers to increase education among high risk African American men.
Issues:	There has been minimal research contrasting the prostate cancer screening rates of high risk African American men to national screening rates of men who are not at high risk.
Description:	The study computed rates of previous digital rectal exam and prostate specific antigen screening for prostate cancer in high risk men defined as cancer-free relatives from African American families with four or more men with prostate cancer. The 134 studied men from the African American Hereditary Prostate Cancer Study ranged from 40-69 years of age. Their rates of screening were compared to nationwide estimates from participants in the 1998 and 2000 National Health Interview Survey.
Results:	Men in the African American Hereditary Prostate Cancer Study cohort reported significantly less screening than both African Americans and Caucasians in the 1998 and 2000 National Health Interview Survey cohort. Only 35% of the men in the African American Hereditary Prostate Cancer Study cohort had ever had a digital rectal exam and only 45% had ever received a prostate specific antigen test. These rates were much lower than those obtained for African American men in the National Health Interview Survey cohort, 45% for digital rectal exam and 65% for prostate specific antigen. These discrepancies increased with age.
Recommendations:	Health care providers need to inform at risk men of the benefits and limitations of prostate cancer screening and actively involved men in the decision making for or against prostate cancer screening.
Notes:	

Title & Number:	Success of the Development of a Collaborative Infrastructure for Diversity in Dentistry (316)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify a collaborative infrastructure that has been successful in increasing diversity in the dental profession. 2. Describe the effect of a working infrastructure in increasing diversity. 3. Identify collaborative partners in achieving diversity. 4. Describe the value of a strong commitment by an association to diversity of the profession.
Issues:	Institutionalizing the commitment to diversity within the leading dental education association by providing a strong infrastructure with the development of a Center for Equity and Diversity in order to address diversity issues and support its mission of influencing dental education, dental research and the delivery of oral health care for the improvement of the health of the public.
Description:	To meet one of the core values of the American Dental Education Association, Expanding the Diversity of Dental Education, a Center for Equity and Diversity was established in 1998. The Center has received numerous grants, established strong collaborations, and provided extensive support to programs, conferences, and research to increase diversity in dental education. Evaluation of the outcomes of these efforts has been very positive.
Results:	Diversity in dental education is a work in progress. With only 12% underrepresented minority enrolment in dental institutions, much is still left to be accomplished. Dental education has made important efforts in recent years in enhancing diversity efforts in dental institutions. Lasting collaborative efforts have been established with the American Dental Association (ADA), Association of American medical Colleges (AAMC), National Association of Advisors for the Health Professions (NAAHP), National Association of Minority Medical Educators (NAMME), National dental Association (NDA), Hispanic Dental Association (HDA), Friends of the Indian Health Service (FIHS), The Society of American Indian Dentists (SAID) and the Ventures Scholars Program. Grants totaling over $22 million have been received for diversity projects from foundations including the W.K. Kellogg Foundation and the Robert Wood Johnson Foundation. Six National Minority Recruitment and Retention Conferences and six Regional Workshops for Prehealth Advisors have been held since 1996 with substantial support from Procter & Gamble Company.
Recommendations:	Although there has been much progress and much continues, much needs to be accomplished in directing efforts to continue to increase minority student enrollment, increase the development of minority dental faculty, and enhance the cultural competency curriculum in dental institutions.
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Title & Number:	Removing Barriers To Language Services: A Systems-Level Approach To Quality Interpreting In Community Health Centers (317)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify when not to use bilingual staff to interpret for LEP patients 2. Summarize particle methods to assess and train bilingual staff who interpret 3. Develop system and organizational changes to create effective language services through bilingual staff
Issues:	Nationwide, healthcare organizations depend on bilingual staff as their primary source of interpreters for patients with Limited English Proficiency (LEP). Unfortunately, organizations do not have practical ways to assess, train and support quality interpreting in their work force. As a result, most organizations continue to provide inadequate language services for their LEP patients.
Description:	This three year project is implemented in a busy community health center serving over 70% Latino patients, the majority of whom are LEP and where 85% of staff are bilingual in Spanish. An assessment of the organizations cultural competency indicated a need to examine language proficiency and interpreting effectiveness of its bilingual staff. This project was developed to assess, train and support staff who interpret and therefore improve the quality and utilization of language services. Two unique elements in this project are language and interpreting assessment and interpreting skills training tailored to different job classifications. In addition, the project changes organizational recruit, hiring, training and promotion of bilingual staff and physician training for how to recognize and reinforce quality interpreting.
Results:	Current findings suggest that bilingual staff with direct patient contact have not been given the necessary tools or training to demonstrate quality interpreting nor have their bilingual skills been assessed formally and in a standardized system. Furthermore, it appears that these factors are important to eliminating health disparities and removing the barriers to language services. As a result of these findings, the authors have implemented baseline language assessments using a valid assessment tool to identify of participants' language proficiency level as well as designing an interpreting skills evaluation. Language assessments and interpreting skills evaluations will need to be incorporated into the existing recruitment, hiring, training, and promotion systems of a given health care organization.
Recommendations:	Organizations as a whole have to share what constitutes as "quality interpreting". Quality interpreting requires organizations to invest in the professional development of their bilingual staff. Organizational change needs to begin at the recruitment and hiring phase, be demonstrated through support of adequate training and formal recognition of bilingual and interpreting skills. A new model that incorporates competency assessment with job-specific training to maximize the quality of interpreting services needs to be incorporated into the bilingual staff existing trainings. Training needs to be job specific in order for staff to retain and apply what they are being trained on. The development of the map or prototype will help other organizations to strategically get to their desired destination, meaningful language access.
Notes:	

Title & Number:	Do Segregation And Socioeconomic Status Account For Race Differences In Chronic Conditions? Findings From The Exploring Disparities In Integrated Communities Study (318)
Learning Objectives:	Upon completion of the presentation participants will be able to: 1. List three factors that confound health disparities research 2. Describe results of a study of health disparities in an integrated community that no racial differences in socioeconomic status 3. Identify how disparities in six chronic conditions differ from national estimates in this community.
Issues:	The presentation will address disparities in chronic conditions after accounting for racial differences in socioeconomic factors and residential segregation.
Description:	The project is a community survey of 40% of the adults living in two contiguous census tracts in a large urban center. The project used a community-based participatory approach to conduct a questionnaire-based in-person survey at the respondents' homes and /or on of four community health fairs organized by the project. The authors compared the prevalence of six chronic conditions in the project sample with to respondents in the 2002 National Health Interview Survey (NHIS), and a subsample of the NHIS matched on race, income, education, and gender.
Results:	There were similar race disparities in the EDIC sample compared to the NHIS sample for hypertension, heart condition, and cancer. However, for stroke, asthma, and diabetes the authors found deviations from the national estimates. Comparisons of EDIC and the NHIS matched subsample, resulted in similar findings for all conditions except asthma
Recommend ations:	Future public health studies of health disparities must properly account for segregation and socioeconomic status.
Notes:	

Title & Number:	A Community-Academic Partnership to Improve the Lives of Harlem Residents with Diabetes (319)
Learning Objectives:	At the conclusion of this presentation, the participants will be able to: 1. Summarize trends in diabetes-related health disparities 2. Identify environmental and sociocultural barriers to diabetes prevention and control in a minority neighbourhood in New York City (NYC) 3. Describe the use of community-based research to address these disparities and barriers.
Issues:	The prevalence and adverse effects of diabetes have risen over the past decade, especially amongst Blacks and Latinos in the US. East Harlem (EH), NYC, is 90% Latino and Black, and has the highest prevalences of diabetes and obesity, and the worst related health outcomes in the city. Using community-based strategies, community representatives may be able to partner with academics to address the issues that directly affect them and thus combat the diabetes epidemic.
Description:	A group of community, clinical, research and public health leaders formed a diabetes coalition to understand the barriers faced by individuals with diabetes in EH, and to develop effective, sustainable strategies to improve the lives of these individuals. To date, the coalition has conducted patient and environmental surveys, held numerous community events, and built a roadmap to garner expertise and resources to conduct community-wide interventions.
Results:	The coalition found that EH stores are far less likely to carry 5 healthy food items than an adjacent, predominantly white neighbourhood, and that EH residents are overexposed to stores without healthy foods. The group also surveyed 401 EH residents with diabetes: 91% are overweight or obese, 72% want to weigh less, and 59% have seen a nutritionist. Yet, only 25% consume fruits or vegetables daily, 63% say eating healthy is too expensive, 62% say sweet tasting diet food items have sugar in them even if labels say they don't, and 48% say they have to eat what they cook for others. Partners used the findings to garner funding for 2 interventions. A peer nutrition education program addresses social and educational barriers to enhance demand for healthier foods. A store intervention addresses environmental barriers to increase the supply of healthier foods.
Recommendations:	Through a community-academic partnership, we identified specific social, economic and environmental barriers faced by urban, minority individuals with diabetes in controlling their illness, and are building interventions targeting the problems we uncovered. These barriers are not amenable to traditional health-system based interventions. The authors recommend that others consider working closely with community leaders so efforts to eliminate disparities target local problems, are cognizant of local realities, and offer solutions local individuals enthusiastically embrace.
Notes:	

Title & Number:	An Innovative Comprehensive Injury Risk Assessment and Prevention Program For Elderly Residing in a Minority Community (320)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe a screening tool for comprehensive injury risk assessment 2. Identify community, home, comorbid disease, medical care and other risk factors associated with increased injury risks 3. Describe an innovative approach to improving accessibility of injury prevention to minority seniors
Issues:	Minority seniors have increased risk of injury and mortality due to several injury mechanisms. Conducting elderly prevention is complex due to interactions of function, frailty, multiple comorbid conditions, and poly-pharmacy. There is a missed opportunity to apply existing knowledge in an innovative, comprehensive and systematic approach to injury prevention in minority elderly.
Description:	The authors enlisted the participation of all Harlem Hospital Center departments providing care for specific medical conditions associated with increased injury risk and several community agencies associated with safety. An abbreviated version of our Comprehensive Injury Risk Assessment and Reduction for Elderly Populations instrument was piloted (n=100) and a senior injury prevention fair concept developed and used to improve access to and screening for identified medical and environmental risk factors.
Results:	Multiple modifiable risk factors for injury were present in minority seniors. Homes lacked grab bars in bath/shower (71.7%), handrails on stairs (16.5%), nightlights (32.7%) and other devices. Fewer than half of those with low bone density were on calcium. Poly-pharmacy was common (mean number medications 4.6 (3.1 prescription and 1.5 nonprescription), but nearly one-third (31.9%) did not have a pill box organizer; 38.8% could not see to read fine print on a pill bottle with or without glasses; 11.2% could not read labels with a lighted magnifying glass. Only half of those reporting hearing difficulty had a prior hearing test and only 25% had a hearing device.
Recommendations:	The injury prevention fair with an injury risk screening tool, cross specialty physician and community agency participation is a feasible and effective mode for identifying and coordinating the highly complex issues associated with injury risk identification and prevention in minority seniors.
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Title & Number:	How To Ensure Effective Interpreting By Bilingual Staff: A Prototype In A Community Health Center (324)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe how the ability to communicate in a certain language vastly influences the ability to interpret in that language 2. Identify the most critical factors in selecting who should interpret in a health care organization 3. State how to Improve interpreting services through innovative recruitment, hiring, training and promotion strategies
Issues:	Nationwide, bilingual staff who interprets are not assessed adequately for language proficiency. Most organizations assume that bilingual staff can become effective interpreters by simply attending a basic interpreting training program. The prevalence of this misperception contributes to poor patient outcomes and mass frustrations amongst healthcare staff and patients. In addition, staff in health care organizations continues to interpret regardless of their job position or knowledge of medical terminology in the two languages.
Description:	A three year project is being implemented in a busy community health center serving over 70% Latino patients, the majority of whom are LEP and where 85% of staff are bilingual in Spanish. This project seeks to assess, train and support Spanish-speaking staff who interprets. Trainings entirely conducted in Spanish include authentic clinic materials and are tailored to strengthen the Spanish vocabulary required in different job classifications and levels of Spanish ability. The project seeks to change organizational recruitment, hiring, training and promotion of bilingual staff to reinforce quality interpreting.
Results:	Language proficiency assessments tailored to three bilingual job classifications were designed and administered to identify the language proficiency level of participating bilingual staff. The authors are developing a twenty hour skill-training interpreting module in Spanish. Training design and materials will be based on baseline data gathered through direct observations and tape recordings of bilingual staff interpreting and communicating directly with patients in Spanish. A step-by-step reference guide will enable Human Resources to incorporate language assessment (English/Spanish) into their existing recruitment, hiring, training and promotion systems.
Recommend ations:	A new model that incorporates competency assessment with job-specific training to maximize the quality of interpreting services needs to be incorporated into the bilingual staff existing trainings. Training needs to be job specific in order for staff to retain and apply training concepts to their job responsibilities. The development of a map or prototype will help other organizations to strategically get to their desired destination, meaningful language access. Without bilingual language assessment, specialized ongoing interpreting training and periodic skill evaluations, health care organizations cannot expect quality interpreting from their bilingual staff.
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Title:	Improving Minority Participation in Health Care: A Health Policy Summer Program (328)
Learning Objectives:	Attendees will learn about a model program that engages minority students in health policy, health services and public health research; collaboration across institutions and disciplines that serves to enhance the science pipeline and the need for ongoing support and tracking in science workforce development.
Issues:	T There is persistent underrepresentation of African Americans, Hispanics, American Indians, Alaskan Natives, Native Hawaiians and some Asian groups within the health and public health professions. According to the IOM report, "*Unequal Treatment*", this underrepresentation contributes to health disparities within the U.S. health system. Increasing minority representation in the health professions requires the creation of a pipeline of talented minorities at all student level.
Description:	Funded through OMH and AHRQ, the Health Policy Summer Program (HPSP) seeks to increase the number of students, particularly minority and disadvantaged students, interested in pursuing careers in health service research and public health. HPSP offers a ten-week mentored research internship at Harvard Medical School (HMS), Dental School, School of Public Health, and HMS-affiliated hospitals for undergraduate juniors or seniors attending MARC-funded institutions, Hispanic Serving Institutions, Historically Black Colleges and Universities, Tribal Colleges and HMS MFDP-supported program participants. The program provides students with research exposure, networking, faculty mentoring, seminars in minority health policy, and experience in presenting research findings. Current and alumni participants attend the *AcademyHealth* conference to meet NRSA-supported graduate students, program directors and to learn about career opportunities.
Results:	Of the 98 participants (1997-2005), 13.3% are in medical schools or have recently graduated, 6.1% are in residency, 29.6% are in graduate schools, 18.4% are employed in public health and health service areas, 14.3% remain in college, 3.1% are pursuing a career in teaching science, 4.1% are applying to graduate schools.
Recommendations:	There are four steps in creating a successful program such as HPSP: recruitment, training, mentorship and alumni tracking. Programs like HPSP should be replicated and student outcomes tracked.

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Recommendations:	There are four steps in creating a successful program such as HPSP: recruitment, training, mentorship and alumni tracking. Programs like HPSP should be replicated and student outcomes tracked.

Title & Number:	Mobilizing a Community Response to Health Insurance Enrolment for Latino women and Children (334)
Learning Objectives:	Upon the conclusion of this presentation, participants will be able to: 1. Identify barriers for Latinos in accessing health insurance. 2. Describe key elements in mobilizing a network of agencies to enrol Latinos in health insurance. 3. Identify culturally competent strategies for health insurance outreach and enrolment.
Issues:	Insurance coverage is the single most important determinant of access to health care. Chester County, the wealthiest county in Pennsylvania, had the highest percentage of uninsured children among the four suburban counties surrounding Philadelphia. Many of the uninsured but eligible Latino children have undocumented parents who are either unaware of public benefits or unaware of how to accept them due to their immigration status. Many families with mixed immigration status do not want to apply for services out of fear that they will be reported by providers to Immigration officials. Many social service and health providers ask questions of parents that are not required in applications for services.
Description:	The Maternal and Child Health Consortium (MCHC) developed culturally competent strategies to mobilize a countywide response to enroll uninsured Latino pregnant women and children in health insurance. These strategies include: creating and co-chairing an interagency task force on children's health insurance; establishing a network of community-based agencies providing bilingual, "hands on" application assistance; and coordinating intensive outreach efforts and media coverage as part of the Week of the Uninsured and Back to School campaigns. The local welfare office collaborates with MCHC to provide training sessions for agencies throughout the county on the Medicaid/CHIP application process. We also partner with Blue Cross for outreach, case follow-up and trainings.
Results:	As a result of these coordinated efforts, 96% of all eligible Latino pregnant women and their children enrolled in MCHC programs, have received Medicaid or CHIP. MCHC has also been designated as the only non medical provider to participate in a DPW pilot program to expedite Medicaid applications for pregnant women and their children.
Recommendations:	Potential future actions that should be considered to resolve barriers for Latinos in accessing health insurance include documenting the need in your community to help attract funding for a health insurance enrollment project. In addition, future actions to be considered include using existing resources through the Covering Kids and Families Initiative to publicize and engage in outreach; educating providers of clients about the rights of children born in the United States to obtain services; and providing training and support to other partnering human service agencies in your community to help identify and enroll Latino families into health coverage.
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Title & Number:	Culturally Competent Strategies to Improve Latino Birth Outcomes (336)
Learning Objectives:	Upon the completion of this presentation, participants will be able to: 1. Identify barriers for Latinos in accessing inter-conceptional and prenatal care. 2. Describe key elements in culturally competent perinatal care. 3. Identify resources for implementing culturally competent strategies.
Issues:	Low birthweight (weight of fewer than 5.5 lbs.) is the leading cause of infant death and is largely preventable. Pennsylvania's percentage of low birthweight Latino infants is higher than any other state in the nation. In addition, many Spanish-speaking clients encounter significant barriers in accessing health care including: no bilingual medical staff; bilingual staff available part-time; bilingual staff that are not fluent; and answering services for communicating after regular office hours not providing bilingual services. A lack of accessible transportation in Chester County is also a factor in accessing prenatal care.
Description:	The Maternal and Child Health Consortium (MCHC) has implemented comprehensive strategies to identify and reduce socio-cultural barriers to perinatal care and increase access to high quality, culturally competent care for Latino women and children. These strategies include: outreach, case management, and prenatal and parenting education provided by a team of bilingual, bicultural outreach workers, case managers, and health educators. Outreach workers work one-on-one with pregnant and parenting Healthy Start participants linking them to community resources. Spanish language prenatal and parenting classes seek to validate participants' knowledge, tradition, culture and beliefs and integrate them with medically sound health practices. A Professional Education Series, "Cross Cultural Caring", helps providers meet the opportunities and challenges of providing accessible, high quality health care to multicultural communities, including through medical interpreter trainings. MCHC also provides medical interpreting contracts with local health providers to ensure language access for Spanish-speaking families.
Results:	The direct result of these comprehensive strategies has improved birth outcomes for both Latino women and their children. During a four year time period of June 2001 through May 2005, only 67 (5%) of 1,237 Healthy Start singleton babies whose mothers enrolled prenatally were born at a low birthweight. In Chester County, 6.2% of Latino infants are born low birth weight, but only 4.7% of Latino infants born to women enrolled in our Healthy Start outreach and case management program were born low birthweight. A higher percentage of Latino Healthy Start moms enrolled in Women, Infants, and Children (WIC) compared to 70% of the general Latino population in the county. In addition, a higher percentage of Latino families (77%) breastfed compared to 59% of the general Latino population in the county.
Recommendations:	Potential future actions that should be considered to resolve barriers for Latinos include recruitment and training of community based bilingual, bicultural outreach workers and case managers. Other potential future actions that should be considered are to provide training to other community based social service organizations and medical providers to help them provide accessible, high quality health care to multi-cultural communities; to provide Spanish language prenatal and parenting classes that are culturally appropriate; and to build capacity for a medical interpreting service.
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Title & Number:	Enhancing TB Care for Persons From Vietnam (339)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Summarize the disparity in the TB burden in the United States (U.S.) among persons born in Vietnam compared to U.S.-born persons 2. Explain the importance of providing culturally-appropriate, patient-centered TB services 3. Describe recommendations for TB programs serving Vietnamese in the U.S.
Issues:	This project's qualitative ethnographic approach explored TB attitudes, perceptions and experiences. The findings reflect the need for patient-centered care and suggest practical application.
Description:	The study goal was to describe the ethnographic aspects of the increasing burden of TB among foreign-born populations in the U.S. Vietnamese, who account for the third largest percentage (8%) of foreign-born TB, were one of five groups included in the study. Open-ended interviews with 48 persons from Vietnam were conducted by bilingual, bicultural researchers. Persons with active TB, latent TB infection, and no history of disease or infection were recruited from TB clinics and local communities in two U.S. study sites.
Results:	Vietnamese respondents generally perceived their risk for TB to be low. Knowledge and attitudes varied, reflecting frequent misperceptions about transmission and causation. Many Vietnamese described overall healthy practices, such as exercising and eating well, as ways to prevent TB. Many would not tell others if they had TB, citing emotional distress stemming from fears of social isolation. A common challenge with adhering to treatment was difficulty remembering to take the pills; others commented on the long clinic waits, need for transportation, and the desire for more Vietnamese-speaking staff. The desire for more TB information was unanimous.
Recommendations:	Although this study was based on a small, non-random sample, some programmatic implications are suggested by the findings: • Since TB understanding may vary greatly, take time to assess each client's understanding and tailor education, using oral and written formats. • Recognize that TB may be seen in the context of overall health and encourage healthy practices overall. • Emphasize confidentiality of TB services to allay fears of social ostracism. • Help clients devise feasible reminder systems. • Enhance service acceptability based on client needs; this may include adding bilingual staff or interpreters.
Notes:	

Title & Number:	Effects of Racial and Gender Discrimination and Coping Style on Depression and Anxiety (342)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify the effect of racial discrimination on anxiety and depression. 2. Identify the effect of gender discrimination on anxiety and depression. 3. Identify how coping strategies mediate the effects of discrimination on anxiety and depression.
Issues:	This abstract responds to Track 5 and analyzes the effects of racial and gender discrimination on depression and anxiety, ways in which coping strategies mediate the effects of discrimination on anxiety and depression, and explores whether mechanisms of coping differ by race and/or gender.
Description:	Data for this study come from the Exploring Disparities in Integrated Communities study, a cross-sectional survey of adults in two contiguous census tracts in a mid-Atlantic city. This area was selected because it is socio-economically homogenous and racially balanced. We enrolled 40% (1,489) of the eligible adults in the study area. The main outcomes of interest were depression and anxiety; the major exposures of interest were racial and gender discrimination. The authors also assessed whether the ways people cope with experiences of discrimination modifies the relationship between discrimination and depression and anxiety. To measure coping strategy, respondents were asked two questions about how they react to situations of discrimination. Based on responses, they were assigned to one of four coping categories. Logistic regression was used to test the association between discrimination and the outcomes.
Results:	Black participants in the sample were significantly more likely than White participants to report racial discrimination. White women and Black men were most likely to report gender discrimination. Racial discrimination resulted in an increased risk of depression (OR= 1.15) and anxiety (OR=1.20). Gender discrimination also resulted in an increased risk of depression (OR = 1.12) and anxiety (OR= 1.16). More active coping styles seem to be protective of the negative effects of discrimination on depression and anxiety.
Recommendations:	Future research should explore the effects of discrimination on other mental health outcomes, the effect of time since discrimination on mental health, and types of racial and gender discrimination experiences.
Notes:	

Title:	The impact of in-service training on cultural competency in eye care (347)
Learning Objectives:	At the conclusion of the program participants will be able to: 1) identify 2 high prevalence eye conditions in populations with health disparities 2) understand cultural competency as it relates to eye care 3) understand the impact of in-service training in cultural competency
Issues:	This program addresses the innate gap in culturally competent behaviour by clinical eye care teaching that is engendered by biases racial mixture of faculty (I.E.: Predominantly Caucasian) vs patient (I.E.: Predominantly African-American). The importance of this issue is made greater by the high prevalence of endemic conditions such as glaucoma and diabetic eye disease.
Description:	Three optometric colleges, located in major metropolitan cities (Philadelphia, Houston, Boston) conducted development programs consisting of lectures and small group interaction on the subject of cultural competency. Each site utilized the same national content expert, who presented components of the curriculum in CC tailored to the vision care profession. Each site also employed individual local experts to provide general expertise and local follow-up. Each site conducted a 43-item pre-conference survey, covering four domains, designed to assess the starting CC ability of each participant. Each participant was asked at the close of the conference to make a plan to incorporate some aspect of their newly acquired knowledge in their everyday practice. Participants were re-surveyed (using anonymous code matching) after 2 months using the same survey to measure change in CC.
Results:	The results of this training and assessment have not been collected for tabulation at the time of this abstract, but will be presented at the meeting.
Recommendations:	In light of the limitations of minority recruitment as a unitary solution for health disparities that are based in culture gaps, training faculty in cultural competency seems a reasonable approach to improving health care outcomes. Future effort in attempting to measure such health outcomes are planned.

Title & Number:	The Effects of Acculturation on Asthma Diagnosis in a Community Sample of Mexican-American School Children (350)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Define acculturation and describe how it forms the basis of the Hispanic Paradox. 2. Assess the impact of acculturation on asthma diagnosis in urban, low income, Mexican-American children. 3. Describe how barriers to insurance, caregiver life stress, and caregiver depression affect asthma diagnosis in urban, low income, Mexican-American children.
Issues:	While acculturation is frequently used as an explanation for the paradoxically good health outcomes found among low-income Latinos in the United States, it remains poorly defined and understood. This analysis tests the association between caregiver acculturation and diagnosed and possible asthma in urban, low-income, Mexican-American children.
Description:	Data were from the Social Factors and the Environment in Pediatric Asthma Study, an observational study that used school-based recruitment to assess diagnosed asthma and possible asthma (symptoms but no diagnosis). Multivariate regression models controlled for caregiver acculturation (measured by language use for interview and time lived in the United States), possible depression, life stress, and social support.
Results:	Acculturation was highly correlated with diagnosed asthma in bivariate analyses ($p<0.01$) but this association was not significant in the multivariate regression analysis. Diagnosed asthma was less likely in children without insurance (OR 0.34, $p=0.02$) and more likely in children whose caregivers had high life stress (OR 1.07, $p<0.01$). The odds of possible asthma were lower in children whose caregivers had lived in the United States 10-19 years (OR 0.16, $p=0.02$) but higher in children whose caregivers experienced possible depression (OR 1.77, $p<0.01$) or high life stress (OR 1.14, $p<0.01$). Social support did not predict asthma diagnosis or modify acculturation.
Recommendations:	Acculturation does not explain why Mexican-American children have lower rates of asthma diagnosis than other minority children in similar socio-economic levels. Asthma rates for these children are instead related to insurance barriers and caregiver life stress. Efforts to improve asthma care for Mexican-American children need to address these barriers.
Notes:	

Title & Number:	Effects of Racism, Cultural Mistrust, and Trust in Physicians on Satisfaction with Care (352)
Learning Objectives:	Upon completion of the presentation, the learner will be able to: 1. Summarize the current state of literature regarding trust and satisfaction with primary care among African Americans 2. Evaluate the relationships among cultural mistrust, racism experiences, trust in one's physician and satisfaction with care 3. Explain how racism experiences and cultural mistrust affect the patient-provider relationship
Issues:	Health disparities in the prevalence and control of hypertension have been linked to racism, cultural mistrust, lack of trust in physicians, and satisfaction with care. Yet studies examining physician trust have been done on predominantly non-Hispanic White populations, and no studies have been found that examine the relationships among these variables in an African American population.
Description:	Subjects were 138 African Americans; 27-68 years (M=49.6; SD=8.34); 53% women; 47% men. Instruments included the Racism and Life Experiences Scale (RaLES), Cultural Mistrust Inventory (CMI), Trust in Physician Scale (TPS), and the Patient Satisfaction Questionnaire (PSQ). Cronbach's alphas ranged from .80-92. Path analysis techniques were used.
Results:	Few subjects (8%) reported high mistrust, high perceived racism (16%); high trust in physicians (10%), or high satisfaction with care (25%). Strong positive correlations were noted between CMI and RaLES (0.54 p = 0.000), and PSQ and TPS (0.44, p =.000). Moderate, inverse relationships were noted between CMI and TPS (-0.37, p=.000), CMI and PSQ (-0.25, p=.003); RaLES and TPS (-0.23, p=007), and RaLES with PSQ (-0.27, p=.002); 20% of the variance in satisfaction with care was explained by the predictor variables, and 14% of trust in physicians was explained by racism and mistrust.
Recommendations:	Experiences of racism contribute to cultural mistrust and together these affect the patient provider relationship and satisfaction with care.
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Title:	Effect of a Community-Wide Cancer Prevention Intervention in Two African-American Communities (354)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe the community-based participatory research approach to developing and testing a culturally appropriate community-wide cancer prevention intervention. 2. Discuss why community-wide interventions have generally been less successful than anticipated. 3. Discuss why this cancer prevention intervention in two African-American communities increased screening even though it did not appear to increase knowledge in community residents.
Issues:	1. Can cancer disparities be reduced by delivering appropriate community-wide health promotion messages? 2. Community-wide health promotion initiatives in predominantly white communities have been disappointing. Can an intervention developed with community participation be more successful in African-American communities? 3. What is the relation between improving knowledge of cancer prevention and improving preventive behavior?
Description:	This was the first multi-site multi-component community intervention trial to focus on cancer prevention in African-Americans. The project used a community-based participatory research approach to develop and deliver a culturally-sensitive intervention in predominantly black census tracts of Nashville and Atlanta. Chattanooga TN and Decatur GA served as comparison cities. Results were evaluated by pre- and post-intervention random digit dial telephone surveys
Results:	There was little effect on knowledge or attitudes in the intervention cities. Compared to Chattanooga, Nashville showed an increase in percentage of women receiving Pap smears. Compared to Decatur, Atlanta showed an increase in percentage of age-appropriate population receiving digital rectal exams, colorectal cancer screenings, and mammograms. While overall results were modest, the outcomes compared favorably with those of similar trials of three times the duration in predominantly white communities.
Recommendations:	This approach deserves a longer trial.

Title & Number:	HIV Primary Care: In Spanish-Please/ En Español-Por Favor (361)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Verbalize various strategic organizational and community based interventions in implementing a bilingual, bicultural clinic in a public health setting. 2. Identify strategies in increasing access to bilingual and bicultural resources. 3. Identify issues related to Hispanics in HIV care.
Issues:	The prevalence of AIDS in the Hispanic community in the United States continues to grow. In 2000, Hispanics represented 13% of the US population; yet, they comprised an estimated 19% of the reported AIDS cases that year.1 In order to improve access to healthcare in the Hispanic Community and to strive to meet the needs of the HIV/AIDS population, the center, an affiliate of the Cook County Bureau of Health Services, opened a Bilingual Clinic. 18% of the center's patients are Hispanic, and we estimate that 90% of these patients are either monolingual Spanish-speaking and/or limited English-speaking. There was a need to increase the number of bilingual personnel in order to improve access to healthcare by removing language as a barrier.
Description:	The Steering committee worked with and combined resources with several community-based organizations through linkage agreements to identify bilingual personnel. A network of community-based organizations (CBOs) was established. Through the Linkage Agreements, we identified and provided a Chemical Dependency Counselor, a Chaplain, a lawyer and a volunteer. All were bilingual and bicultural. Liaisons were identified for each agency; sharing of information and, training were agreed upon; and the linkage agreements were signed. To this date, the relationships continue and the Bilingual Clinic receives numerous referrals from the CBOs and community-based hospitals.
Results:	The Bilingual Clinic opened on June 8, 2000. During the first two and half years, we had provided care to 357 patients. We have grown from one to five new patients per clinic session. Our patient "show rate" is 82%, which is greater than that of any other session. Of the patients seen in the Bilingual Clinic through 2004, 44.4% had an income level of less than \$5,000 per year, 70.5% had no insurance and ~64% had AIDS as an initial diagnosis at the time of hospitalization. The ability to provide these services with linguistic and cultural sensitivity has resulted in a retention rate greater than 77%.
Recommendations:	Within 21/2 years, the Bilingual Clinic has doubled in size. Word of mouth has been our best marketing strategy. Creative problem solving such as linkage agreements in order to have a bilingual multidisciplinary team should be strategies to be considered in times of shrinking resources. In order to improve access to care and to affect racial and ethnic disparities, healthcare services need to be delivered in a culturally and linguistically sensitive manner.
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[1] CDC, HIV/AIDS Among Hispanics in the United States. Hispanics, May 2002.

Title & Number:	Racism and Birth Outcome Disparities (364)
Learning Objectives:	Participants in this session will be able to: 1. Describe a stress and health framework 2. Discuss the evidence for racism effects on birth outcomes 3. Identify physiological pathways that may link racism to birth outcomes
Issues:	Black women have the worst birth outcomes of all racial/ethnic groups in the United States. Since traditional risk factors do not fully account for this disparity, there is growing interest in psychosocial stress. Racism is a stressor that has been called a “fundamental cause” of health disparities. This presentation examines racism’s role in persistent ethnic differences in birth outcomes.
Description:	The Multi-Site Behavior in Pregnancy Study, a prospective, longitudinal study of stress and pregnancy, was conducted 1997-2002. The 521 women who consented to participate were no more than 18 weeks into a singleton pregnancy upon study entry, fluent in English, 18 years or older, smoke and drug-free. Research questions examined in a series of substudies were: Does general, pregnancy, and/or racism stress mediate race effects on birth outcomes? Are there differences across the major racial/ethnic groups in exposure to and impact of racism on pregnancy? Are there physiological factors that connect racism to birth outcomes?
Results:	In a subsample of 124, there was evidence that racism, particularly in childhood, was the only stress mediator of Black/White differences in birthweight. There were race differences in neuroendocrine levels, and corticotrophin-releasing hormone significantly mediated racism’s effect on birthweight. In a subsample of 314, Blacks and Asians reported more racism exposure than Latinas and Whites, but there were no differences in racism’s effect on psychosocial functioning. Racism was related to birthweight in Black women only.
Recommendations:	Future research projects should include improved racism measures; multi-level, community-based methods; a lifespan approach; interdisciplinary teams for better knowledge integration.
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Title & Number:	The Relationship between Experienced Race, Class and Gender Discrimination, Dating Violence, and Sexual Behavior in Adolescent Heterosexual Dating Relationships: Implications for the Prevention of Dating Violence and HIV/AIDS (366)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify how the discrimination urban youth of color experience may or may not be related to dating violence and sexual behavior. 2. Discuss the implications of study findings for preventing dating violence and HIV/AIDS among youth of color. 3. Identify key areas for future research and practice.
Issues:	Young women of color are disproportionately affected by HIV and AIDS in the United States. A growing body of literature indicates that violence in dating relationships is a problem for adolescent girls. Additionally, several studies suggest that the sexual risk taking of urban African American and Latino/a youth may be influenced by structural forces beyond their individual control (e.g., poverty, racism and sexism). This study addresses the disproportionate impact of HIV/AIDS on young women of color and forges into a neglected area of research: the relationship between experienced discrimination, dating violence, and sexual risk taking among a sample of urban high school students.
Description:	Data were collected through surveys administered on laptop computers using Audio Computer Assisted Self Interviews with 184 African American and Latino/a students in an urban high school located in an HIV/AIDS epicenter. The authors hypothesized that youth who experience more oppression and who report more dating violence will also report more sexual risk taking. The authors will discuss survey results, examining patterns among variables such as sexual risk behavior, experienced race, class and gender discrimination, dating violence, and awareness of social disparities. The authors will also briefly discuss their piloting of a prevention curriculum, Sista II Brotha, designed to increase awareness of structural oppression and violence against women.
Results:	Experienced race discrimination was positively correlated with having engaged in anal sex ($r=.205$, $p<.05$), oral sex ($r=.190$, $p<.05$) and any sexual behavior (i.e., oral, anal or vaginal) ($r=.214$, $p<.05$); with being a victim of dating abuse ($r=.245$, $p<.01$); and with being a perpetrator of dating abuse ($r=.357$, $p<.01$). Experienced gender discrimination was positively correlated with having had oral sex ($r=.192$, $p<.05$) and with perpetrating dating abuse ($r=.184$, $p<.05$). Experienced class discrimination was correlated with having engaged in oral sex ($r=.170$, $p<.05$). This study represents the first time that a link between experienced discrimination based on race, class and gender, sexual behavior, and dating violence among adolescents has been established.
Recommendations:	Future research: As new models for measuring racial, gender and class oppression and responses to it are being developed and refined in areas of public health, the authors recommend that they be applied to intervention research models for preventing dating violence and HIV/AIDS among our most vulnerable youth. Future practice: Refinement and rigorous outcome evaluation of interventions that seek to increase critical awareness of discrimination and its relationship to dating violence which can lead to more self-protective sexual health behavior is needed.
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Title & Number:	Measuring Progress of Healthy People 2010 Objectives at the Midcourse (367)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify several measures used to evaluate progress towards Healthy People 2010 targets at the midcourse. 2. Recognize and extract important information from graphics used to summarize progress by focus area. 3. Recognize and extract important information from graphics used to summarize progress by population group. 4. Visualize these concepts through several specific examples of target achievement using current Healthy People 2010 objectives.
Issues:	Healthy People 2010 is a comprehensive, national health promotion and disease prevention agenda with established objectives for improving the health of the U.S. public during the first decade of the 21st century. The initiative has 467 objectives and hundreds of sub-objectives; most have associated targets by which progress can be assessed.
Description:	The Healthy People 2010 Midcourse Review is being conducted in the middle of the decade to evaluate and report progress towards measurable objectives and their targets. The Progress Quotient, a measure used to compute the percent of the target achieved for an objective with two or more data points, will be calculated and displayed in charts by focus area. Overall progress for each focus area will be summarized in a graph showing the distribution of measures, which met or exceeded the target, moved towards the target, had no change, or moved away from the target. In addition to progress quotients by focus area, progress at the midcourse will be summarized for each population group in series of graphs. The distribution of progress toward or change away from the target (categorized as <10%, 10-49%, 50-99%, 100+%) will be shown for each category of race, gender, education, urban/rural residence, and disability status. To evaluate the observed change in proportion to the number of years for which the measures have been tracked, the median annualized percent improvement will be shown for each population group. Lastly, the authors extrapolate the progress at the midcourse to the projected progress by the end of the decade, in order to assess the proportion of measures, by population group, which are expected to attain their Healthy People 2010 targets.
Results:	Of the 954 measures in Healthy People 2010, 7.4% have met or exceeded their targets at the midcourse. Nearly 30% have moved towards their targets, while 4% have experienced no change. Over 12% of measures have moved away from their targets. Progress was not assesses for nearly 40% of measures which had no follow up data, were nonpopulation-based, or for which no population data was available. Approximately 7% of Healthy People 2010 objectives were dropped at the midcourse, due to lack of data or a change in methodology. Progress by population groups will also be described.
Recommendations:	Using these and other methodologies, the Midcourse Review identifies areas and population groups for which significant progress has been made toward target achievement, as well as areas in which challenges have hindered meeting targets. This offers public health professionals and policymakers an opportunity to develop new strategies for moving the nation closer to its health goals for the decade.
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Title & Number:	Vaccination coverage by special health care needs status in young children (370)
Learning Objectives:	Upon completion of this presentation, attendees will be able to: 1. Describe vaccination coverage among children with and without special health care needs 2. Identify demographic risk factors for under-immunization in the special health care needs population 3. Compare and contrast demographic factors related to vaccination coverage among population subgroups.
Issues:	Vaccination coverage among children ages 19 – 35 months with special health care needs (CSHCN) has not been fully explored.
Description:	Data are from two large population-based household telephone surveys sponsored by the CDC. National Immunization Survey data collected in 2000-2002 linked with data from the National Survey of CSHCN was used to examine immunization status of children with and without special health care needs. Immunization status measures include coverage estimates for individual universally recommended vaccines and an array of combined series vaccinations, by the age, gender, race/ethnicity and insurance status of the child, maternal education and presence in the household, and poverty level.
Results:	Significant differences in vaccination coverage were found by special needs status and demographic characteristics. The coverage rate for the Measles-Mumps-Rubella (MMR) vaccine was higher for Hispanic CSHCN than for Hispanic non-CSHCN. Among Non-Hispanic white children, CSHCN had lower levels of vaccination coverage for 4 or more doses of the DT/DTP/DTaP vaccine and the 4:3:1 combined series. Within the CSHCN population, Non-Hispanic black children had lower coverage rates than Non-Hispanic white children for three or more doses of the Poliovirus vaccine, one or more dose of the MMR vaccine, and the combined 4:3:1:3 series.
Recommendations:	These findings can be used to inform policymakers, and enhance appropriate decision-making related to immunization programs for children with special health care needs.
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Title & Number:	Changing awareness, knowledge and beliefs about influenza and pneumococcal vaccines, Chicago Racial and Ethnic Adult Disparities in Immunization Initiative (READII) (372)
Learning Objectives:	Upon completion of the presentation, participants will be able to: 1. Describe racial and ethnic disparities in adult influenza and pneumococcal immunization coverage in Chicago 2. List community education interventions used in Chicago READII 3. Summarize community education interventions that were associated with increased awareness and knowledge about influenza and pneumococcal disease prevention.
Issues:	Data from the NHIS indicate that during 2000--2001, the average influenza and pneumococcal coverage levels reported, (respectively) were 66% and 57% for non-Hispanic whites, 48% and 33% for non-Hispanic blacks, and 54% and 32% for Hispanics (2003).
Description:	Chicago READII was a 2.5 year demonstration project that focused on increasing influenza and pneumococcal immunization coverage among AA and Hispanic seniors residing in 14 communities. The Chicago Department of Public Health (CDPH) worked with community-based organizations (CBOs) to implement interventions including community education, provider education and increasing access to immunizations. From Oct. '04 through Mar. '05, the authors conducted a survey among seniors attending immunization clinics, senior and community centers. Using bivariate and multivariate analysis, the authors compared the awareness, knowledge and beliefs about influenza and pneumococcal vaccines of Hispanic and AA seniors residing in READII communities to those of seniors residing in non-READII communities.
Results:	A total of 989 surveys were completed. After controlling for education, AA and Hispanic seniors residing in READII communities were more likely to be aware of who should receive the vaccines ($p < 0.01$) and to possess accurate information about influenza disease and its prevention ($p < 0.03$) than AA and Hispanic seniors residing in non-READII communities.
Recommendations:	Preliminary analysis suggests that focused community education can have a positive impact in reducing disparities in knowledge about influenza and pneumococcal diseases and prevention. More research is needed to determine which aspects of community education are most efficient and effective in reaching minority seniors.
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Authors:	

Title & Number:	Gender Based Violence and HIV/AIDS among Asian and Pacific Islander Women: Examining the Problems, Posing the Questions, Making the Connections (374)
Learning Objectives:	By the end of this session, participants will be able to: 1. Describe how Asian and Pacific Islander (API) women are impacted by gender based violence as a cause and consequence for HIV infection 2. Describe how community based responses have successfully integrated the two health issues to offer comprehensive health and human services to Asian and Pacific Islander women 3. List guiding questions, tools and opportunities to integrate the issues of gender based violence and HIV/AIDS.
Issues:	Gender based violence as a cause and/or a consequence of HIV are a growing concern in API communities yet stigma and the lack of integrated policies and research pose many challenges in developing a comprehensive response for women and girls.
Description:	Gender based violence, specifically domestic violence, in API communities has some different patterns, forms and dynamics of abuse. Some distinguishing dynamics are: multiple abusers in the home; internalized devaluation and victim-blaming are that much deeper when there are multiple perpetrators; more 'push' factors more frequently than 'pull' factors; and gender roles are tightly prescribed and more rigid, minimizing female agency and shrinking the space within which women and men can re-define those roles. API women make up 25% of cumulative HIV cases and 13% of cumulative AIDS cases among Asians and Pacific Islanders. Nearly half (47%) of total HIV cases and 38% of new HIV cases among API women were due to heterosexual contact. API women have the highest reporting rates of an unknown/risk not identified transmission mode prompting researchers and providers to examine some of the causes. Gender based violence makes it difficult for women to negotiate safer sex, gain access to relevant health information and care, and seek assistance for shelter. Immigrant women may face additional barriers, particularly those who are dependent upon their husbands for income and residency status. Noting the increasing HIV/AIDS rates among Asians and Pacific Islanders and in particular the high percentage of women contracting the disease through heterosexual contact, it is important that polices, research and program targeting API women are informed by the relationship between gender based violence and HIV/AIDS.
Results:	In April 2005, the Asian and Pacific Islander American Health Forum convened local and national domestic violence, reproductive health and HIV/AIDS providers and researchers to share their innovative programs that address gender based violence and HIV/AIDS, and discuss potential strategies and tools to address ongoing challenges. While attendees agreed that the issue of integration was a priority and there are successful programs in the community, there were significant policy, funding and research barriers to develop and sustain community level interventions.
Recommendations:	From the initial roundtable discussion, cross training providers and advocates, screening tools in the healthcare setting and public awareness campaigns were identified as priority strategies for domestic violence organizations, HIV/AIDS organizations and health care settings. The workshop will be an opportunity to open the dialogue to more providers, researchers and advocates.
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Title & Number:	Exploring Racial Differences in the Molecular Origins of Rheumatoid Arthritis (RA) (375)
Learning Objectives:	At the completion of this session, participants will be able to: 1. List the strategies used to collect and analyze samples for the potential ethnic and racial differences in the molecular origins of RA 2. Describe the differences in microarray and proteomic analyses and how these techniques can be used to provide more knowledge to understand potential molecular differences due to race and ethnicity in RA. 3. Explain the connection between connective tissue growth factor (CTGF) and thrombospondin-1 (TSP1) in RA.
Issues:	RA is a chronic joint disease characterized by articular cartilage destruction and synovial membrane inflammation associated with loss of joint function. As the tools of molecular biology have grown more sophisticated and less expensive, scientists have been better able to explore the genetic and cellular origins of this inflammatory disease. In recent years the use of disease registries and tissue banks has become a powerful new strategy for gathering patient data and patient samples as basis for research. In RA, however, samples and data from African-American as well as Hispanic-American patients have been significantly under-represented in the ongoing search for disease origins.
Description:	The Institution where the authors are located provides medical care for the community primarily comprised by African American and Hispanic-American individuals. Access to a diverse group of patients allows the investigators to collect blood samples from patients afflicted by RA from this target population, in the section of Rheumatology. After samples have been collected RNA and protein are isolated and Microarray and Enzyme-Linked Immunosorbent Assay (ELISA) studies are performed. Along with the collection, study and analysis of samples, the authors have been involved in in vitro and in vivo the studies of the pathogenesis of RA using human fibroblast cells and an experimental model for RA. This project is a pilot study at the Center of Excellence for Health Disparities Research and Training.
Results:	Preliminary studies using genomics and proteomics yielded several biomarkers that could differentiate RA patients from normal individuals. Currently molecular signatures of these RA patients are being analyzed to correlate specific gene/protein profiles to individuals from different ethnic backgrounds. Also results demonstrate that RNA and protein expression profiles of RA patients show some distinctive trends that correlate with race and ethnicity.
Recommendations:	Further analysis of peak proteins by the use of sequencing techniques may elucidate the nature of the peak protein and provide additional knowledge of the molecular level. Increasing the number of patients included will determined if the differences at the molecular level observed at this point are due to race and ethnicity and whether these molecular differences can be associated with progression of disease, response to treatment and or other clinical outcomes.
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Title & Number:	Goal 1 of Healthy People 2010: Racial Differences in the change of Healthy Life Expectancies (377)
Learning Objectives:	Upon completion of the presentation, participants will be able to: 1. Identify different techniques for decomposing healthy life expectancies. 2. Compare different patterns of change in health life expectancies by racial group. 3. Evaluate the current health life expectancies estimates by racial group.
Issues:	This research explores the extent to which differences in chronic diseases, and limitations of activity account for change in healthy life expectancies and differ by racial group.
Description:	Goal 1 of Healthy People 2010 is to increase the quality and years of life and is assessed by a set of summary measures: years of life in good or better health, years of life without disability, years of life without selected chronic diseases, and years of life with good health behaviors. In order to adequately assess progress towards Goal 1 of Healthy People 2010, it is necessary to understand how these health expectancies change over time and differ by racial and ethnic groups. This research explores the extent to which population composition, activities of limitation, and chronic diseases account for changes in healthy life expectancy. Contrasting two decomposition techniques, this research examines the extent to which age composition, chronic diseases, self-reported health, and disability account for the difference between health expectancy and life expectancy and whether such factors also account for changes in health expectancy over time. The cause elimination analysis illustrates the components that account for loss of healthy life at a point in time, while the Arriaga decomposition method illustrates the contribution of diseases and risk factors to changes in healthy life expectancy. Analyses are based on 1999 through 2002 mortality data from the National Vital Statistics System (NVSS), and 1999 through 2002 health status data from the National Health Interview Survey (NHIS). Midyear population estimates come from the Census Bureau. Results are displayed by age groups, sex, and race/ethnicity.
Results:	Whites have a higher healthy life expectancy than blacks for all measures. However, whites also had a greater absolute decline in health life expectancy.
Recommendations:	
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Title & Number:	Perceptions of Human Immunodeficiency Virus and Prevention Education Among Inmates of Alabama Prison (378)
Learning Objectives:	At the end of the presentation, attendees will be able to: 1. Describe the need for Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome education in incarcerated settings. 2. Identify evidenced based intervention in eliminating health risks for contracting Human Immunodeficiency Virus. 3. Promote disease prevention, risk reduction and lifestyle changes necessary to prevent contracting Human Immunodeficiency Virus.
Issues:	An innovative model for increasing and promoting Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome awareness and prevention strategies in prison settings. Many inmates have been involved with intravenous drug use and un-protective sex putting them at risk for Human Immunodeficiency Virus. Rape and intravenous drug use inside prisons place all inmates at exceptionally high risk for Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome infection.
Description:	Evidence based model proven to increase awareness of prevention strategies. A three year prevention education project using interactive and passive training techniques was conducted for two thousand and seven hundred Human Immunodeficiency Virus test negative inmates in Alabama. The purpose was to measure perception, awareness and knowledge of Human Immunodeficiency Virus transmission and prevention.
Results:	This information was obtained through pre/post tests and evaluation tool. Less than twenty percent inmates knew how Human Immunodeficiency Virus was transmitted. Ninety two percent had used condoms, with less than half knowing the correct way to use a condom. Less than five percent knew about other latex and polyurethane barriers.
Recommendations:	Because infected prisoners are a great potential source of Human Immunodeficiency Virus transmission to the public upon release, the following recommendations are made: Congested prisons with barrack-style housing are conducive to force or consenting homosexual activities; individual cells should be provided for each inmate. The use of drugs (alcohol, crack, inhaled-psycho-active substances, etc.) is a serious problem as they impair the cognitive adoption of preventive measures offered. Periodic Human Immunodeficiency Virus testing of inmates is necessary. Pre-released Human Immunodeficiency Virus testing should be mandatory for inmates leaving the system.
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Title & Number:	Evaluation Capacity Building for Community-based Organizations Addressing Health Disparities (379)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify strategies to develop evaluation and build evaluation capacity in diverse community organizations. 2. Demonstrate the importance of having community as equal partners in research and evaluation of community initiatives. 3. Summarize the use of quantitative and qualitative data to support policy development to reduce health disparities.
Issues:	In Minnesota, traditional public health strategies have not always been effective in addressing the health disparities that exist between populations of color and Whites. In order to effectively address health disparities, programs must come from within the affected populations. In addition, non-traditional approaches to research and evaluation need to be developed in partnership with diverse communities to document the innovative programs, and to assess the changes made by the programs towards the elimination of health disparities.
Description:	In 2001, communities of color created the Minnesota Health Disparities, a statewide initiative focusing on improving the health of American Indians, African Americans, Asians and Hispanics. Evaluation and research is an integral part of the growth of the Initiative. This session will describe the collaborative process for development of a statewide evaluation including identification of objectives, data collection, and analysis approaches. This session will also describe approaches to build capacity of organizations, and lessons learned.
Results:	• Community organizations were able to evaluate and improve programs using qualitative and quantitative approaches. • The definition of healthy communities was broadened to include community assets, system, and socioeconomic factors which are used in evaluation and research. • Results of research and evaluation are being used to sustain the Initiative, develop policy, and provide culturally appropriate evaluation and research models.
Recommendations:	Evaluation and research approaches addressing health disparities should include the underlying causes of health disparities as well as individual behaviors. Communities must lead in the health assessment of their communities; policy development; and program implementation and evaluation.
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Title:	Empowering Diverse Community Leaders to Reduce Tobacco and Other Health Disparities (380)
Learning Objectives:	1. Upon completion of this presentation, participants will be able to identify key issues related to tobacco and health disparities that require building of community leadership 2. Upon completion of this presentation, participants will be able to summarize the philosophy and critical elements of the APPEAL Leadership Model and applications of the model in diverse communities. 3. Upon completion of this presentation, participants will be able to assess the importance of leadership programs to empower diverse communities and the benefits of working cross culturally.
Issues:	Tobacco is responsible for more than 400,000 deaths in the U.S. each year. Many of those impacted are from communities of color. In addition, the role of the tobacco industry has greatly impacted the increase of tobacco use within diverse communities. However, tobacco is often seen as a low priority issue among diverse communities because of other competing and pressing issues. Community leadership programs are needed to address the relevance of tobacco but also their application to addressing other social justice issues.
Description:	This session highlights the unique APPEAL Leadership Model and its impact on building capacity, mobilizing communities, and advancing tobacco control particularly in communities of color and other priority populations. This session will summarize the principles and key elements of the model and also summarize key contributions from diverse communities. Examples from APPEAL Leadership Program fellows will highlight how communities were mobilized around tobacco and other social justice issues and how successful tobacco control activities and policy actions were implemented.
Results:	More than 500 fellows from diverse communities have been trained through the APPEAL Leadership Program. Successful outcomes from fellows' projects include the development of cross cultural coalitions, the implementation of tobacco control policies, and individual and community empowerment. While there have been several leadership programs developed for health professionals, the APPEAL Leadership program has provided leadership opportunities for advocates at all levels in a community-tailored and culturally-appropriate way.
Recommendations:	Leadership opportunities are often provided for those who are in leadership positions. However, the elimination of tobacco and other health disparities will require leadership on many levels of community and public health. This session will hopefully provide more visibility for the need of community leadership development and the support for more strategic and relevant approaches.

Title & Number:	Boston's REACH 2010 Coalitions: Creating Change and Collaborating for Future (383)
Learning Objectives:	At the conclusion of this session, participants will be able to: 1. Describe how to develop effective and responsive community-based Coalitions. 2. Describe the history and reflective practices of the two REACH 2010 Coalitions in Boston. 3. List the tools to create sustainable change in an urban setting. 4. Describe the racial and ethnic health disparity efforts of the City of Boston.
Issues:	The workshop will outline the issue of disparities in Boston's Black community and highlight the challenges in addressing the disparities in the areas of: Breast and cervical cancer, and CVD and diabetes. The priority populations include Black women and Black Elders of the three major areas in Boston: Roxbury, Dorchester and Mattapan. These areas tend to have some of the highest rates of mortality and limited access to quality health care.
Description:	REACH 2010 Breast and Cervical Cancer and REACH Boston Elders 2010 are Boston-based Coalitions that are part of a multi-pronged approach to eliminate and reduce racial disparities. Each program has a specific population focus. REACH 2010 Breast and Cervical Cancer Coalition targets Black women, while the REACH Boston Elders 2010 Coalition works with Black Elders who are 65 and above. Although we work with different populations, the Coalitions have formed a synergistic partnership and inherently service a large percent of Blacks in Boston.
Results:	The collaboration yielded the following results: • A strong partnership • 5000 community members trained and educated • Understanding of the legislative and political process regarding public health • Development of 'best practice' models. • How best to conduct community based activities.
Recommendations:	We have identified key factors in the development of successful and effective community-based Coalitions. Based upon the aforementioned challenges our recommendations include the following: • Federal funding must continue to support and sustain community-based efforts to reduce health disparities. • Funding agencies should consider how funding might support or inhibit the growth of communities • Community-based coalitions must be included in the public health and scientific agendas at both the local and national level.
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Title & Number:	Educational Diabetes Curriculum Effectiveness For Latinos And African Americans: Preliminary Findings (384)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify culturally competent approaches to diabetes education. 2. Evaluate the results of an educational curriculum to improve diabetes knowledge and self-management skills. 3. Summarize preliminary findings of the Diabetes Education Empowerment Program (DEEP).
Issues:	As part of a holistic approach to diabetes management, self-management education is recommended. The authors assess the effectiveness of a diabetes educational curriculum in improving the level of diabetes knowledge and self-management skills, and clinical outcomes in community residents with or at risk of diabetes.
Description:	DEEP is a behavioral self-management intervention program used to educate African Americans and Latinos Southeast Chicago. The 10-week DEEP curriculum is carried out in 2 hour-weekly sessions using participatory educational techniques based on empowerment theory. Community residents from Southeast Chicago were recruited through health fairs and other community events participated in the program between Fall 2003 and Spring 2005. DEEP uses a culturally competent educational curriculum targeting knowledge of diabetes and its risk factors, nutrition, physical activity, self-management, and psychosocial issues. DEEP is delivered in Spanish or English by community health workers partnering with the REACH 2010 Chicago Southeast Diabetes Community Action Coalition.
Results:	Data was obtained on 163 Latino and African American participants who completed the DEEP curriculum. Pre- and post-test data were gathered and analyzed to assess its impact on participant knowledge and clinical outcomes. Results indicate a significant increase in diabetes self-care knowledge ($t = 7.22$; $p < 0.001$). In addition, participants with diabetes showed a significant reduction in hemoglobin A1c levels ($t = 0.38$; $p < 0.05$). The participatory approach generated confidence for self-evaluation of risk factors and behaviors and motivated social support, in addition to improving glycemic control. Preliminary evidence of the positive effects of the DEEP curriculum may infer effectiveness for improving diabetes health literacy and better glycemic control.
Recommendations:	The DEEP curriculum may be implemented in other African American and Hispanic/Latino communities to provide diabetes self-management education in a culturally competent manner.
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Title & Number:	Providing Quality Prenatal and Postnatal Health Care: The Black Babies S.M.I.L.E. Program (385)
Learning Objectives:	At the conclusion of this session, participants will be able to: 1. Summarize differences in infant mortality rates by racial and ethnic groups in the U.S. 2. Identify risk factors for infant mortality. 3. Describe key components of a nurse case manager approach to reducing fetal and infant mortality.
Issues:	Variations in infant mortality rates are associated with mother's ethnicity & geographic area. Although there was a 33% reduction in Montgomery County, MD's Black infant mortality rate from 11.4 deaths/1000 live births in 2002 to 7.6/1000 live births in 2003, the rate remains higher than for Caucasians in the county (5.1 deaths/1000 live births in 2003). The leading causes of death for Black infants is the combination of premature births and low birth weights. Black women are more likely to enter a pregnancy with medical conditions such as obesity, diabetes, and hypertension that increase risk.
Description:	In an effort to reduce infant mortality among Black women, the African American Health Program began the Black Babies S.M.I.L.E. (Start More Infants Living Equally-healthy) program. A community health nurse case manages high risk maternity patients. Parents are contacted within 24 hours of referral. Assessment includes psycho-social, medical and pregnancy history, needs, and determination of existing strengths and resources. A care plan care is developed with the parent.
Results:	44 women , ages 14 to 43 years were identified. The typical woman was single, unemployed, on Medicaid with 12 years of education. Women received 8.95 ± 4.98 interventions. Despite a number of pre-natal and post-partum medical problems and social stressors, the women have been able to comply with pre-natal and post-partum care suggested by nurses. No incident of infant loss has been reported. The BBS program appears to have positive impacts on women and infants at risk.
Recommendations:	Identify community-specific factors associated with infant mortality. Quantify nurse case managers' intervention strategies considered "good clinical care." Compare Black Babies S.M.I.L.E. strategies and outcomes to other programs targeting high-risk populations.
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Title & Number:	Disparities In Diagnoses Of HIV/AIDS Among Non-Hispanic Black Americans, 2001–2004 (386)
Learning Objectives:	At the conclusion of this presentation, participants will be able to: 1. Describe the epidemiology of HIV/AIDS among non-Hispanic blacks. 2. Describe the disparity of impact of HIV/AIDS on non-Hispanic blacks. 3. Explain the importance of using surveillance data to guide decision making for prevention programs and resource allocation.
Issues:	HIV/AIDS is a major cause of morbidity and mortality among non-Hispanic black (NHB) Americans. Despite prevention efforts, NHBs continue to be more likely to become infected with HIV than persons of other races/ethnicities. The continued disproportionate effect of HIV/AIDS on NHBs warrants the development of effective strategies to reduce the transmission of HIV in this population.
Description:	The authors analyzed HIV/AIDS surveillance data reported to CDC from 2001 through 2004 from 33 states with mature HIV reporting systems. All analyses included HIV-infected persons 13 years of age and older. Data were adjusted for delays in reporting and for redistribution of cases in persons initially reported without an identified risk factor.
Results:	From 2001 through 2004, the annual number of HIV/AIDS diagnoses among NHBs was consistently higher than those among other races/ethnicities. Of an estimated156,052 HIV/AIDS diagnoses, 51% were among NHBs, who also accounted for the largest proportions among both males (44%) and females (68%). NHB males accounted for the greatest number (49,315) of HIV/AIDS diagnoses compared with any other race- and sex-specific subgroup. Among males, the majority (50%) of HIV/AIDS diagnoses were attributed to male-to-male sexual contact and among females (79%) to heterosexual contact. The majority (59%) of diagnoses were among persons 25-44 years of age.
Recommendations:	To better understand the impact of HIV infection on NHBs, surveillance data should be routinely reviewed for changes in trends in the epidemic. The use of surveillance data to guide decision making for the development and allocation of prevention activities for populations at greatest risk for HIV infection is vital if significant reductions in the incidence of HIV are to occur in this population.
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Title & Number:	Promoting Access for Emerging Asian American and Pacific Islander (AAPI) Communities in the Midwest (389)
Learning Objectives:	Upon completion of this presentation, participants will be able to 1. Describe the efforts that have been accomplished to promote AAPI access to healthcare in the Midwest 2. Identify potential partners and processes for coalition building with AAPI communities in the Midwest 3. Develop recommendations for Federal health policies for AAPI health in the Midwest
Issues:	The AAPI population is one of the fastest growing populations in the Midwest with the significant growth in Southeast Asian population. Despite the growing population, primary health services targeting AAPIs have yet to surface. The limited health data on AAPIs present a major obstacle to effectively addressing health disparities in our communities. Healthy People 2010 identifies key health disparity areas, but the lack of baseline data makes it challenging to address these disparities. State and local health departments do not have sufficient AAPI data, particularly data on specific AAPI ethnic groups, which have diverse socioeconomic backgrounds and different health patterns. Furthermore, few local assessments have been conducted to investigate AAPI health status and needs.
Description:	Founded by OMH in 1999, the Promoting Access to Health Care (PATH) Program has worked to address the health care needs of our nation's growing AAPI populations in the Midwest. With the guidance from program's advisory members who represent 6 Midwest states, the PATH program has conducted various projects to develop AAPI community-based organizations' capacity in providing culturally competent care for their communities.
Results:	PATH helped local communities build their capacity, and provided data and resources to improve services they provide. Mini-grant funded local health needs assessments opened the door for the communities to start new health programs or to establish the first Asian Community Health Center in Chicago. Fact sheets have provided data local AAPI communities can use for proposal writing, and to educate policy-makers about their community. PATH worked with local AAPI health advocates to convene two regional meetings focusing on regional AAPI health issues, and produced proceedings to ensure that the health issues of AAPIs in the Midwest are recognized in the national AAPI health dialogue whose focus has historically been communities on the East and West coasts.
Recommendations:	Lack of AAPI health data – not only population-based but also community needs assessments – remains as the biggest obstacle to improving the health of this growing and diverse population with unique health care needs. To work towards meeting goals of Health People 2010, it is critical for AAPIs in the Midwest to increase the capacity of their community-based organizations in conducting community health planning. PATH plans to conduct a participatory asset-based health panning project which aims to address AAPI health issues in the Midwest by community-driven participatory assessments and action plans. PATH aims to establish a meaningful neighbourhood-level health planning model for our AAPI communities in the region.
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Title & Number:	Mechanisms of Racial Disparities in Defibrillator Placement (392)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. List the rates of overall Defibrillator (ICD) placement among patients with ventricular arrythmias and identify how rates differ by patient race/ethnicity. 2. Summarize why racial variation in ICD placement may be associated with hospital setting. 3. Describe how changes in Medicare reimbursement guidelines for ICD placement led to a worsening in racial/ethnic disparities in ICD placement.
Issues:	Addresses the mechanism by which disparities in utilization of procedures may come to exist.
Description:	Prior studies have shown racial disparities in the placement of implantable cardiac defibrillators (ICDs) in patients with a diagnosis of ventricular arrhythmia; however, the influence of hospital variation on differences in ICD placement and how stricter Medicare reimbursement guidelines instituted in 2003 may have affected these disparities is unknown.
Results:	The authors reviewed discharge data for 3,078 adult patients with ventricular arrhythmia hospitalized in two academic medical centers in Boston, MA during 2001-2004. Patients were compared for overall age and sex-adjusted rates of ICD placement by race/ethnicity. These comparisons were then stratified by hospital location (hospital 'A' and hospital 'B') and by two-year period before and after the revision to Medicare guidelines. During 2001-2002, 20% of patients received an ICD with no significant racial differences in placement rates for either hospital. Under stricter Medicare guidelines however, both hospitals had lower rates of placement for Blacks compared to Whites (OR= 0.46 Hospital A and OR= 0.65 Hospital B) leading to an overall significantly lower rate of ICD placement in Blacks compared to whites (P=0.02) during 2003-2004.
Recommend ations:	Reports of ICD utilization by hospitals should be stratified by patient race/ethnicity to properly identify lower performing centers. Further efforts should be taken to examine whether the influence of changes in reimbursement guidelines on racial differences in procedure use are due to variation in clinical appropriateness or due to differences in screening test utilization.
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Title:	The Sister Study: Environmental and Genetic Risk Factors for Breast Cancer (398)
Learning Objectives:	Conference participants will learn about a major new effort to study risk factors for breast cancer and other outcomes in a diverse cohort of women at increased risk for breast cancer. Participants will have an opportunity to learn about an innovative research design that will more be more efficient for identifying gene and environment interactions in this study and in other applications. Finally, participants will understand the efforts being undertaken to recruit a diverse cohort and will be given an opportunity to strategize ways to overcome barriers to recruiting participants from specific racial and ethnic groups.
Issues:	The role of the environment in breast cancer is not known. Much of what is known about breast cancer risk factors comes from studies of white women and currently accepted breast cancer risk factors account for only 50% of the variation in breast cancer seen in the US overall. These risk factors account for much less of the risk in African American women. Little is known about risk factors in Latina women or women from other racial and ethnic groups. Furthermore, the role of the environment has been neglected in much breast cancer risk factor, yet environmental exposures and gene-environment interactions may explain some geographic and time trends in risk and differences in breast cancer rates across groups, and may be important for identifying prevention strategies.
Description:	The Sister Study will prospectively examine environmental and familial risk factors for breast cancer and other diseases in a cohort of 50,000 ***sisters of women who have had breast cancer***. Such sisters have about twice the risk of developing breast cancer as other women. The frequency of any relevant genes and shared risk factors will also be higher, increasing the statistical power of the study to detect risks. The prospective design will allow for assessing exposures before the onset of disease and avoid biases common to retrospective studies. The study will create a framework from which to test new hypotheses as they emerge. Extensive efforts are being made to recruit a diverse cohort so that results will be applicable to all women.
Results:	Following a pilot phase carried out beginning in August 2003, the Sister Study began national recruitment in October 2004. Approximately 24,000 women enrolled by October 2005. Many of the standard approaches for recruiting a volunteer cohort typically attract middle-aged, middle class white participants. Through intensive community-based efforts involving personal contacts and collaborations with trusted individuals and groups, the study has substantially increased its enrolment of women from minority groups but much work remains to be done to achieve the desired participation rates. A Spanish-language launch in September 2005 should increase the number of Latina participants.
Recommendations:	Recruiting a diverse study cohort requires building community trust and partnership, strategies tailored to individual groups, and commitment from volunteers. For studies of the environment, diversity is essential as the exposures and life experiences of different groups vary. Studies of homogeneous groups will yield few insights regarding the contribution of the environment to breast cancer risk. The Sister Study requires a large commitment on the part of its volunteers. Making this commitment as easy as possible to achieve for women with a wide range of backgrounds is essential to the success of the study.

Title:	How National Service Can Help Build the Public Health Workforce (399)
Learning Objectives:	Upon completion of this presentation, participants will be able to explain how Community HealthCorps members increase access to health care, improve utilization of health care, and provide health education around chronic disease management. Upon completion of this presentation, participants will be able to describe how Community HealthCorps works and the benefits that it provides to communities. Upon completion of this presentation, participants will be able to articulate how the Community HealthCorps program can be a pipeline in developing the health care workforce and in building diversity within the health care workforce.
Issues:	Community health centers and other health care providers affirm that workforce development is an ongoing concern. Also, increasing the racial and ethnic diversity of the health care workforce is critical to providing better access to care and delivering culturally competent health care.
Description:	The Community HealthCorps is a program of the National Association of Community Health Centers, funded by the Corporation for National and Community Service. The program has thirty-three sites and over 600 members. HealthCorps helps to diversify the health care workforce because of its ability to work with members coming from wide-ranging demographic, cultural, ethnic, and educational backgrounds. HealthCorps links underrepresented minorities with opportunities in the health care field, by recruiting members with a demonstrated interest in health care as a profession and providing training linked to credentialing programs.
Results:	Over 2,000 individuals have participated in Community HealthCorps in the last ten years. 58% of HealthCorps members identify themselves as a member of a minority racial/ethnic group. 85% of exiting HealthCorps members (2000-02) indicated interest in pursuing careers in health. 58% of all HealthCorps members do not have a bachelor's degree at the time of enrollment, so the HealthCorps education award provides an opportunity to pursue higher education for the first time for many members.
Recommendations:	Participants/organizations can explore Community HealthCorps and national service resources as options for building their own workforce.

Title & Number:	Racial Disparities in the Elderly for Selected Procedures: Was there a decline over Time? (402)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. List facts and data about racial/ethnic disparities in three referral-sensitive procedures that are fairly common among the elderly, 2. Describe how racial/ethnic disparities for these procedures in the elderly changed over a time interval marked by significant changes in Medicare payment policies, 3. Describe how to simultaneously compare several procedures/conditions using a single analytic design.
Issues:	Racial differences in health care utilization across a wide number of conditions and clinical settings have been widely documented. A more challenging task remains to examine whether disparities had lowered over time. There is evidence of racial/ethnic disparities in three procedures, two of which are cardiac (CABG and PTCA), while the third one is orthopedic (Joint Replacement). In addition to being “high-tech” and cost-intensive, these procedures also share a commonality as members of a group of admissions designated as referral-sensitive in previous research. Since minorities are more dependent on physician referrals, a study of racial disparities over time in these procedures would highlight significant aspects of referral patterns by providers and insurers.
Description:	The objective of this study is to examine as well as compare the underlying racial and ethnic disparities in three procedures among the elderly over a time interval (1997-2001) in which important changes in Medicare payment reforms have occurred that could affect access to care among the elderly. This study undertakes a simultaneous examination of the racial/ethnic disparities in these procedures after controlling for socio-demographic factors, clinical need, organizational factors, and insurance status, among the elderly. The study focuses on elderly residents of two states: New York, and Pennsylvania, and uses a multinomial logit model for individual year to compare patients receiving each procedure with those admitted for a control group.
Results:	Compared to whites, African Americans were 38 percent and 49 percent less likely to have received a PTCA and 36 percent and 52 percent less likely to have received a CABG in 1997 and 2001, respectively. Hispanics were 31 percent less likely to have received a PTCA in 2001, while not significantly differing from whites in 1997. “Other races” were 30 percent more likely that whites to have received PTCA in 1997 and the difference became non-significant in 2001. Although racial disparities in utilization persist for all three procedures, the magnitude appears less for joint replacement and is not statistically significant. Other things remaining the same, the increasing racial/ethnic difference over time was not statistically significant in most cases.
Recommend ations:	The increasing racial/ethnic disparities in utilization of these procedures are of major concerns. Although the increase was not significant statistically for most procedures or racial groups, the results clearly indicate that the disparities have not narrowed despite numerous efforts to reduce them. Since the procedures studies are sensitive to physician referrals, a significant underlying factor could be differential referral patterns practiced by insurers across races. The lower racial/ethnic gaps in utilization of joint replacement relative to cardiac procedures could indicate a lower referral rates for cardiovascular surgeries in nonwhites. The recommended action would be to re-examine provider practice patterns which particularly affect access to care among minorities.
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Title & Number:	Teen Team Weight Management Program in Harlem, News York (405)
Learning Objectives:	At the conclusion of this session, participants will be able to: 1. Describe the issues confronting obese adolescents living in poor, urban neighborhoods 2. Identify simple math concepts for children to best understand calories, portions, and food records 3. Develop incentives to increase children's adherence and attendance
Issues:	The prevalence of obesity and diabetes is highest in poor neighborhoods and recent statistics in East Harlem and Central Harlem show more than 55% of residents have incomes below poverty level. The number of children who are at overweight or obese in these neighborhoods tends towards twice the national percentage.
Description:	The authors developed a free weight management program for adolescents living in poor urban areas. East and Central Harlem have more single parent households than the national average and children travel alone at an early age, making mandatory attendance for parents difficult. Many of our children live in foster homes and homeless shelters. Availability of fresh fruits and vegetables is limited and expensive. Neighborhood schools are ill prepared to increase physical activity when access, equipment and teachers are limited. Finally, children's math and reading skills were often inadequate to use curricula available in other programs. All children see the clinic pediatrician before starting the program and parents/guardians sign a consent form for physical activity. All activity is done in the hospital cafeteria; all equipment costs under $10; all snacks are bought in local stores and members rate the taste, the cost and nutritional content; every adolescent must volunteer to help with nutrition or physical activity at a street fair.
Results:	Ages range from 13-17; average BMI is 38. 15% have two parent families; 15% are in foster-care; 8% in homeless shelters; 60% have one-parent or guardian households. The average adolescent girl sees no or little growth over one year, and weight is maintained. The average adolescent boy shows a change in BMI over one year from growth with no weight change.
Recommendations:	This year we received a grant to pay the adolescents a weekly stipend for food records, attendance and participation. We hope this will overcome some of the barriers of attendance and arriving on time. Over the next two years we hope to develop curricula that will help practitioners in reaching out to urban children more successfully. This includes simple math concepts for food recording and label reading, as well as a handbook of activities a child can perform in a one-room apartment.
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Title:	Teen Team Weight Management Program in Harlem, News York (405) Cathy Nonas, Donna Bonn, Ellen Schoninger North General Hospital, New York City, New York, USA
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Title & Number:	Implementation of Performance Indicators to Monitor and Evaluate US Pacific Island (USAPI) National TB Programs (407)
Learning Objectives:	Upon the completion of the presentation, participants will be able to: 1. Identify three challenges of evaluating TB programs in the US Pacific Islands. 2. List the necessary activities, which are required to implement and sustain TB program performance indicators. 3. Summarize the three benefits of using performance indicators to monitor and evaluate a TB program in this region.
Issues:	Monitoring and evaluating TB programs is now a CDC Division of TB Elimination reporting requirement for recipients of US federal funds dedicated to support state and local TB control programs. The implementation of this activity in the US mainland is supported by a trained and resourced health infrastructure. Similar implementation in the US Pacific Islands is challenged not only due to varying infrastructures but also due to several approaches to TB control thus creating different data sources, which do not allow for consistent analysis of performance indicators.
Description:	This project is collaboration between the USAPI National TB Programs (NTP), the Secretariat of the Pacific Community (SPC), and CDC Division of TB Elimination (DTBE). The NTPs have been an integral component in the development and implementation of this concept. With much involvement from SPC, a harmonized data collection tool (patient and laboratory registries) were developed which addressed core DOTS principles and included specific CDC data elements. Performance indicators were identified which reflect RMI, WHO DOTS and CDC program and laboratory outcomes. Training was provided on how to complete the registry and how to use the data in the registry to calculate performance indicators.
Results:	Several USAPI NTPs have successfully implemented the new registries as well as the performance indicators. Effort considers local data collection needs and maintains a focus on DOTS while also addressing certain CDC program and laboratory enhancements. Use of this data has allowed the NTP staff to evaluate their TB program and laboratory activities and collaboratively identify areas of strengths, challenges, and solutions.
Recommendations:	This effort should be replicated in all USAPI NTPs. NTP staff should be involved in helping to share this practice with other Pacific Islander NTP colleagues. Implementation of this effort must be conducted with close partnership with the local National TB program management, who administer the program, and line staff who collect the data necessary for program evaluation. Collaboration with other funding agencies is equally crucial for successful product development and adoption. While electronic versions of these tools are feasible to develop, emphasis should be focused on ensuring that a paper registry and manual data collection can be sustained.
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Title & Number:	Culturally Appropriate Public Education On Mental Health With Hispanics-Latinos (408)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe culturally appropriate means to educate the Latino population on mental illness, mental health issues, and on available mental health services. 2. Describe the importance of not just having written material available in Spanish to distribute to the Latino population on mental illness, mental health issues, and on available mental health services, but the importance of utilizing other mechanisms to educate the Latino population on the aforementioned topics. 3. Share information concerning the New Jersey Mental Health Institute, Inc.'s Changing Minds, Advancing Mental Health for Hispanics public education activities on mental health geared to Latinos and to provide an overview of program development activities and success measures to date from these public education efforts.
Issues:	This presentation will focus on activities related to addressing stigma within the Hispanic-Latino community as it relates to mental health and on efforts to heighten awareness, acceptance and understanding of mental illness among the Hispanic-Latino population. Numerous studies have shown that Hispanics-Latinos underutilize mental health services due to an array of barriers, which include stigma, lack of information about mental illness, and lack of information about services available.
Description:	The presentation will focus on an array of strategies that can be utilized to educate Latinos about mental illness, mental health issues, and available community mental health services. The presentation will stress the importance of not just having written material available in Spanish to distribute to the Latino population, but the importance of utilizing other mechanisms to educate the Latino population on the aforementioned topics (i.e., having bilingual, bicultural staff available who can do community presentations at churches, schools, etc., developing culturally appropriate print and television public education campaigns, developing relationships with Latino media outlets, etc.). The presentation will also consist of sharing information concerning the New Jersey Mental Health Institute, Inc.'s efforts in these areas and provide an overview of success measures to date from these public education efforts.
Results:	This presentation will provide an overview of findings to date associated with the anti-stigma, anti-discrimination and public education efforts with Hispanics-Latinos on mental health conducted by the organization spearheading a program on Hispanic-Latino mental health that has a national presence.
Recommendations:	The problem of stigma and lack of information about mental health services and of available treatments among the Hispanic-Latino community is multi-faceted. The presentation will include recommendations on how to address the issues which include developing culturally appropriate public education material and campaigns that are specifically geared to the Hispanic-Latino community, and which are based on their needs and cultural preferences.
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Title & Number:	Developing A Culturally Appropriate Diabetes Case Management Program: Experiences From A Community Health Center (409)
Learning Objectives:	At the conclusion of the session, the participant will be able to: 1. Describe important factors to consider when developing a diabetes case management program 2. Describe diabetes educational strategies in the general population 3. Describe ways to enhance cultural competence within programs
Issues:	Diabetes case management programs strive to increase the awareness of diabetes among patients and client, help them manage their disease and decrease risks for diabetes-related complications. People with diabetes are best monitored by health care professionals who are expertly trained with the most current information on diabetes and "...understand [the] beliefs that shape a person's approach to health and illness (National Center on Cultural Competence)."
Description:	This presentation describes effective and culturally appropriate educational strategies utilized in a REACH2010 Diabetes Program and Blue Cross Blue Shield Diabetes Case Management Program at the Lowell Community Health Center, Lowell, MA. Strategies include: 1) culturally appropriate one-on-one education with patients utilizing trained bilingual health educators and advocates, 2) peer support groups for patients with diabetes where different educational activities are conducted, 3) staff development activities that enhances current diabetes efforts and cultural competence and 4) community and media outreach to Cambodian, Latino, Brazilian communities.
Results:	A total of 170 employees have attended the Cultural Competency sessions offered. The patients who have been accepted into the program are receiving more intense education and monitoring and have responded positively to the program as shown by the number of patients who have decreased their HbA1c's by one, two or three points.
Recommendations:	This model has been effective in monitoring, educating and communicating with patients despite language or cultural differences as demonstrated by the percentages of HbA1c tests. The Peer Support sessions are a key factor in the success of the project, as community members are able to understand that other community members face the same issues, and are able to develop and work on implementing self-management goals with other patients who share similar linguistic and cultural backgrounds.
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Title:	Providing Culturally Proficient Health Literacy Services: Practice Perspectives from the Health Resources and Services Administration (HRSA) (411)
Learning Objectives:	1. Upon completion of this presentation, participants will be able to explain the interconnectedness of Health Literacy with Cultural and Linguistically Appropriate Services (CLAS). 2. At the conclusion of this presentation, participants will be able to describe two or more essential elements of culturally proficient health literacy programs funded by the Health Resources and Services Administration. 3. Upon completion of this presentation, participants will know how to access at least three helpful resources on Culturally Proficient Health Literacy programs. 4. At the conclusion of this presentation, participants will have a framework for introducing exemplary culturally proficient health literacy programs into their services/programs.
Issues:	The Health Literacy and CLAS areas of expertise have unique development histories, philosophies, processes and protocols. Health Literacy (HL) and Culturally and Linguistically Appropriate Services (CLAS) goals and objectives aim to improve health care quality and outcomes for our pluralistic populations. Although differences exist between HL and CLAS, both approaches are vital to eliminating disparities, enhancing the quality of services, and improving outcomes for our nation's diverse populations. The case for integrating and unifying these important approaches is even more compelling in light of the disparate and disturbing effects that recent disasters have had on our ethnic and racial minority communities.
Description:	HRSA recognizes the vital importance of integrating Health Literacy with Culturally and Linguistically Appropriate Services. Within HRSA, a training program, currently in the initial stages of implementation, will educate grantees and grants officers on the benefits, impacts and potential positive outcomes that arise through HL/CLAS integration. Several HRSA grantees have successfully integrated HL with CLAS. This session will (1) describe HRSA's staff training program, its specific aims, goals, objectives, and curriculum; and (2) profile several promising HL/CLAS integration models currently carried out through HRSA-funded programs.
Results:	Results obtained through integration include increased patient recruitment and retention, increased patient satisfaction, increased patient access, increased patient adherence to treatment protocols, improved patient safety, reduced provider liability, and improved patient health status and outcomes.
Recommendations:	Educate providers as well as "First Responders" to public health emergencies through (1) available, high quality web resources, (2) on-line CME/CEU courses and (3) face to face workshops on: The critical importance of integrated HL/CLAS practice approaches; HL/CLAS Models that Work; Proven and workable HL/CLAS strategies and protocols for providers and "First Responders" to public health emergencies; Practical evaluation strategies that measure impact and results of HL/CLAS interventions.

Title & Number:	The Process Evaluation and Refinement of a Diabetes Education Curriculum for African Americans and Latinos with Diabetes (412)
Learning Objectives:	At the conclusion of this session, participants will be able to: 1. Discuss the advantages of using a community-based participatory research approach to conduct a process evaluation of a diabetes awareness and prevention curriculum. 2. Describe how recommendations made by Family Health Advocates and participants (African Americans and Latinos) enrolled in the "Journey to Health" improved content and learning strategies of the curriculum. 3. List strategies preferred by Family Health Advocates and participants to increase the level of physical activity.
Issues:	Morbidity and mortality associated with diabetes is disproportionately high in African Americans and Latinos. Detroit alone is estimated to have 60,630 African American and 4,470 Latino persons with diabetes, and many more at risk. Therefore, interventions tailored to these communities are needed.
Description:	The REACH Detroit Partnership is a CDC-funded multi-level intervention that provides inter-related family, health system, social support, and community interventions to reduce disparities in diabetes among African-Americans and Latinos in eastside and southwest Detroit. "Journey to Health" is a diabetes awareness and prevention curriculum taught by trained community Family Health Advocates. The objectives are to empower participants to gain knowledge, change attitudes and improve skills needed for diabetes self-management. The process evaluation used a participatory approach that included focus group discussions, class observations, community panel review and dissemination of results to stakeholders.
Results:	Class observations revealed that participants were engaged, focused and eager to lean more about diabetes. Focus group discussions emphasized more hands-on activities, simplified reading passages, and start all classes with a fun activity. Participant's perspectives and their preferences for culturally related hand-on activities will be presented and discussed.
Recommendations:	One way to lessen the impact of health disparities associated with diabetes is to educate and empower persons who have the highest risk of suffering severe health consequences. A community based-participatory research approach is recommended as a way to develop program improvement.
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Title & Number:	Type 2 Diabetes Risk Factors In The Sophomores Of The Commonwealth Of The Northern Mariana Islands (CNMI) (413)
Objectives	Upon completion of this presentation, participants will be able to 1. Describe the burden of diabetes in the CNMI. 2. Identify the family and cultural challenges related to diabetes in the CNMI. 3. Describe the prevalence of type 2 risk factors in the sophomores of the CNMI.
Issues:	Type 2 diabetes is the most prevalent form of diabetes and is associated with comorbid conditions such as obesity and cardiovascular disease. Without proper treatment and therapy, type 2 diabetes can lead to severe complications, such as end-stage renal disease and retinopathy, the leading cause of blindness in the United States. Located in the Western Pacific, the Commonwealth of the Northern Mariana Islands (CNMI) is the closest U.S.-affiliated territory to Asia. The indigenous people of the Commonwealth of the Northern Mariana Islands, the Chamorros and Carolinians, rank third in the world among adult populations with type 2 diabetes; only the Pima Indians and the Nauruans carry a higher rate. Historically, type 2 diabetes was referred to as “maturity onset diabetes;” however, studies conducted between 1996--1998 found that children also have the disease. The mean age at diagnosis of type 2 diabetes in American youth is approximately 13.5 years. Diabetes has been diagnosed among a substantial number of adults in the Commonwealth of the Northern Mariana Islands (CNMI); however, the actual prevalence of diabetes among youth has yet to be determined.
Description:	Study participants were recruited from public and private schools in CNMI during the fall semester of 2003. The Commonwealth school system is composed of five public schools and nine private schools on three islands. During the 2003--2004 school year, 925 tenth grade students were enrolled in both private and public schools. The CNMI Division of Public Health conducted a cross-sectional study to examine the prevalence of risk factors for type 2 diabetes among school sophomores of the CNMI. Trained public health officials conducted measurements for body mass index and screened for acanthosis nigricans. Participant’s blood glucose level and blood pressure were also measured.
Results:	The Division of Public Health received consent forms from 453 sophomore students attending both private and public schools. Of these, 191 students (42%) were male and 262 students (58%) were female. A total of 386 participants attended public school (85%) and 67 attended private school (15%). The ethnic background of participants was: 204 (46%) Chamorro; 110 (25%) Filipino; 51 (12%) other Micronesian; 21 (5%) Carolinian; 13 (3%) multiple ethnicity. Participants further specified their multiple ethnicities as being of Asian and/or Pacific Islander heritage. Ten students (2%) were Korean, 9 (2%) Caucasian; the remaining 5% consisted of participants of Japanese, Chinese, other Asian, or other Pacific Islander ethnicities. When plotted on CDC's BMI Growth Chart, 264 participants (60%) were identified as having a "normal" BMI; 77 participants (17%) were identified as "Risk for Overweight"; and 101 participants (23%) were identified as "Overweight." Thirty students (7%) were identified as having one risk factor for diabetes, 126 students (28%) were identified as having two risk factors, and 130 students (29%) had three risk factors. Seventy-seven students (17%) had four risk factors, 67 students (15%) had five risk factors, and five students (1%) had six risk factors.
Recommendations:	The information provides data to support interventions with school-age children to prevent obesity and to reduce the incidence of type 2 diabetes among CNMI youth. Although having a family history of diabetes is not preventable, obesity has been shown to be preventable, and interventions should focus on establishing patterns of behavior to reduce the prevalence of this risk factor. With the incorporation of effective interventions into schools, students would have the opportunity to learn and practice healthy behaviors.

Title & Number:	Closing the Health Divide: What Government Can Do to Eliminate Health Disparities Among Communities of Color in New York City (414)
Learning Objectives:	At the conclusion of this session, participants will be able to: 1. Describe Health Care Disparities in New York City 2. Describe the Methodology used by the commission to develop specified goals and strategies. 3. Describe some of the recommendations of the commission in key categories.
Issues:	The authors address the need for a comprehensive methodology to gather information on the health needs of communities of color, and provide specific goals. Strategies to achieve these goals are discussed.
Description:	The authors identified leaders in the area of healthcare, government, academia, policy and community organizations and invited them to serve as members of the commission. The commission held public hearings in four of the five boroughs to provide opportunities for the public to present ideas on what could be done to eliminate health disparities. Ninety-five witnesses submitted oral and/or written testimony. Witnesses included elected officials, New York City Department of Health and Mental Hygiene officials; hospital health advocates, community advocates and healthcare consumers. The focus of the recommendations offered through the submitted testimonies ranged from general, system-wide issues, to more disease-specific problems.
Results:	The commission reviewed all of the recommendations submitted through oral and written testimony. Members then developed 23 goals and strategies to achieve those goals, based on the recommendations submitted through the testimonies. Each goal was placed in one of the following categories: 1.) Access to care (which includes goals that address financial, geographic, racial/ethnic and language barriers to care; 2.) Cultural Competency; 3.) Healthcare work force diversity; 4.) Health education; 5.) Environmental and behavioural factors impact on health disparities and disease prevention.
Recommendations:	Other local, state and federal officials should carefully review and consider the recommendations delineated in this report. Most of the recommendations will require significant cooperation between government officials and the private sector entities affected by the recommendations.
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Title:	Midcourse Assessment of Disparity Among Healthy People 2010 Objectives: Summary by Race and Ethnicity (415)
Learning Objectives:	At the conclusion of this presentation, participants will be able to articulate the underlying concepts involved in measuring disparity in Healthy People 2010. Participants will be able to describe the status of progress that is being made toward eliminating disparities by race/ethnicity for Healthy People 2010 objectives. Participants will be able to understand the limitations of the data in measuring health disparities in Healthy People 2010.
Issues:	Healthy People 2010 is a national initiative to promote health and reduce disease and disability through the setting of objectives and targets. The second goal of Healthy People 2010 stems from the observation that there are substantial differences in life expectancy and quality of life among subgroups of the population, and calls for the elimination of these disparities.
Description:	An evaluation of the progress toward eliminating racial and ethnic disparities among all population-based objectives was conducted midway through the decade. Disparities were defined as the percent difference between the racial/ethnic group with the "best" or most favorable rate and the rates for each of the other racial/ethnic groups. A summary index was used to describe the average percent difference from the best racial/ethnic group rate for all of the other group rates and to evaluate changes in disparity over time among all race/ethnic groups. Results are summarized by racial and ethnic groups.
Results:	American Indians/Alaska Natives had more large disparities than any of the other race/ethnic groups. Asians had the best group rate for one third of the objectives for which Asian data were available and no objectives for which disparities declined. Disparities for Hispanics increased and decreased for an equal number of objectives. Non-Hispanic blacks had an approximately equal number of objectives showing increasing and decreasing disparities. Non-Hispanic whites had the best group rate for half the objectives. The average percent difference from the best group rate increased for 21 objectives and decreased for 24 objectives.
Recommendations:	This presentation highlights areas of greatest achievement and challenge for racial and ethnic health disparities at the midpoint of the Healthy People 2010 decade. Collaborative efforts of all relevant agencies, health professionals, educators, and the public are needed to make further progress in eliminating these disparities.

Title & Number:	Improving US-Associated Pacific Island Nations' Access to Clinical Training for the Management of Tuberculosis (416)
Learning Objectives:	Upon the completion of the presentation, participants will be able to: 1. Identify three challenges of delivering clinical training to the US-Associated Pacific Island Nations' public health and hospital staff. 2. List the necessary pre and post activities, which are required to implement CD-based clinical training for this region. 3. Identify at least two benefits of using this distance learning method to deliver clinical training for this region.
Issues:	Health indicators for communicable (including TB) and non-communicable diseases are far worse in the US-Associated Pacific Island Nations in comparison to the US population. The reasons are protean, but include large geographical separation within the 6 US-Associated Pacific Island Nations as well as with the US mainland, barriers to affordable telecommunication and limited local capacity for developing effective continuing professional development programs for their health professionals. The most relied upon method to access training is for clinical staff to travel off-island at considerable cost and time away from patients and other administrative duties. Those returning from off-island training are unable to effectively transmit new information to their peers.
Description:	This project is a partnership between CDC Division of TB Elimination (DTBE) and the Pacific Association for Clinical Training (PACT), University of Hawaii, Department of Family Medicine and Community Health. The PACT program is a HRSA-funded cooperative agreement to develop and conduct sustainable continuing clinical education in the US-Associated Pacific Island Nations utilizing distance education when feasible. This TB project aims to provide module-based clinical training for the management of patient diagnosed with tuberculosis disease, based on the WHO DOTS and CDC TB protocols. Country PACT coordinators and National TB program managers will collaborate to utilize these CD-ROMs to conduct additional trainings locally.
Results:	This project will result in the development and dissemination of a series of CD-ROMs for TB clinical training in the US-Associated Pacific complete with training modules (incorporating audio/video/slides), exercises, and access to tests. Local and regional content expertise will be developed as they facilitate this training at the local level. Developing this CD-ROM can serve as training tool which will allow CDC DTBE to add relevant clinical updates and disseminate updated CD-ROMs to the US-Associated Pacific Island Nations National TB programs and PACT coordinators.
Recommendations:	While in-person training is valuable, this collaborative effort between CDC and PACT should be reviewed as the framework for a model of providing timely clinical training at the local level using cost-effective resources and ultimately providing a method for sustaining local capacity in this region.
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Title & Number:	Integrating Public Policy and Community Advocacy to Reduce Disparities in Health and Health Care (420)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify a broad range of promising practices to eliminate disparities in health and health care by focusing on state policy making. 2. Identify social strategies that have strong implications for sustainable community-centered interventions involving the elimination of health disparities. 3. Describe frameworks in the elimination of health disparities.
Issues:	A national strategy to achieve a public health goal often requires the involvement of states at program and policy levels. While many states now sponsor specific programs, the issue of health disparities has not reached the higher-level policy agenda in most states. Reaching this level is essential to generate policy change as well as appropriations to implement new policy interventions. Policy advances in states frequently lead to policy innovation at the federal level as well.
Description:	The State Health Policy Agenda to Eliminate Racial and Ethnic Health Disparities, a 2004 Commonwealth Fund report, will be highlighted. The report provides state policy makers with an overview of policy initiatives they can take to address racial and ethnic health disparities in their respective jurisdictions. It is intended as a resource guide for those who want to address disparities through policy change.
Results:	Eliminating racial and ethnic disparities in health and health care requires changing behaviors that contribute to adverse health outcomes in minority populations. Large-scale efforts resulting in changes in social norms, attitudes and behaviors are necessary. Triggering policy activity and innovation to address health disparities at the state level holds the promise to inspire and promote more vigorous legislative action in the US Congress.
Recommendations:	There is a need for the application of broader social transformation models to address and eventually eliminate longstanding disparities in health and healthcare.
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Title:	Research to Response: Implications of Knowledge Gaps in Latina Sexual and Reproductive Health for Policy, Programs and Practice (422)
Learning Objectives:	Upon completion of this presentation participants will be able to: 1) summarize the limitations of current social science research on Latina sexual and reproductive health; 2) interpret implications for policy, programs and practice; 3) evaluate needs, priorities and opportunities for new research, analyses and outreach efforts.
Issues:	Latinas account for approximately one in every seven U.S. women of reproductive age, yet significant gaps exist in the breadth and depth of information available on their sexual and reproductive health. National and small-scale investigations usually compare Latinas with others on only one or two indicators. National surveys include too few Latinas to permit rigorous analyses or subgroup comparisons. Existing information has not been adequately analyzed or assembled in a way that is accessible to those who set national, state and local health agendas. More is needed to marshal existing evidence and improve understanding of the best avenues for fully addressing the needs of Latinas.
Description:	Within a framework that incorporates the idea of community and its assets the authors present the results of a consultation with leading researchers to set forth an action plan for filling knowledge gaps in Latina sexual and reproductive health.
Results:	Essential to reducing disparities in sexual and reproductive health will be greater focus on: 1) access to information and services; 2) adolescents and young women; 3) unintended pregnancy and its consequences; 4) greater use of existing information; 5) interdisciplinary, longitudinal, multigenerational and qualitative research.
Recommendations:	Greater and deeper understanding of disparities in information and services for Latinas will inform public and private resource allocation; adaptation and targeting of current programs, policies and medical practice; and future innovation.

Title & Number:	Increasing Access to Influenza Vaccine for African American (AA) and Hispanic (HI) Seniors (65 years or older): The Racial and Ethnic Adult Disparities in Immunization Initiative (READII) (425)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe racial and ethnic disparities in adult influenza immunization in an urban area. 2. Describe interventions used to increase minority seniors' access to influenza vaccine in an urban area. 3. Describe the impact of the influenza vaccine shortage on minority seniors' access to vaccine.
Issues:	The 2003 National Health Interview Survey indicated that influenza vaccination coverage among white seniors (69%) was higher than AA (48%) and HI (45%) seniors. An influenza vaccine shortage in 2004-5 resulted in vaccine recipient restrictions and cancellation of many mass immunization clinics sponsored by a local health department.
Description:	READII was a 2.5 year (September 2002- December 2004) demonstration project that focused on increasing influenza and pneumococcal immunization coverage among AA and HI seniors residing in 14 "high-risk" communities. Part of this project focused on increasing access to immunizations by conducting vaccination clinics in non-traditional settings (e.g., churches, legislative offices). Medicare roster billing data from clinics conducted in "high-risk" and "non-high-risk" communities in the 2003-4 and 2004-5 influenza seasons were used to determine the demographic characteristics and previous vaccination status of vaccinees and distances travelled to immunization clinics.
Results:	In 2004-5, fewer clinics (4) were sponsored in "high-risk" communities than in 2003-4 (31). Fewer persons received influenza vaccinations in "high-risk" communities in 2004-5 (3,549) than in 2003-4 (3,921). A higher proportion of whites and AA and a lower proportion of HI were vaccinated in 2004-5 as compared to 2003-4 [whites: 35% vs. 26% ($p<0.01$); AA: 51% vs. 31% ($p<0.01$); HI: 10% vs. 40% ($p<0.01$)]. Analyses to determine the distances travelled to immunization clinics are ongoing.
Recommendations:	Further studies need to be done to assess the value of using non-traditional immunization settings to increase access to adult immunizations. If racial and ethnic disparities in adult immunization are to be eliminated, influenza vaccine shortages need to be prevented.
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Title:	Hepatitis B Testing and Vaccination of Asian Americans in a Community Setting (428)
Learning Objectives:	Upon completion of this presentation participants will be able to: Identify key components in setting up a public-private hepatitis prevention project in a community setting Assess the strengths and shortcomings of testing and vaccinating in a non-medical setting List ways to promote preventive health projects to Asian Americans
Issues:	The San Francisco Bay Area has 33% of California's Asian/Pacific Islander population and the highest incidence of liver cancer in the country. Over 10% of the target population are unknowingly chronically infected with hepatitis B.
Description:	The San Francisco Department of Public Health and the Asian Liver Center at Stanford University joined together to create a model pilot project offering low-cost hepatitis B testing and vaccination in a non-medical community setting. This public-private partnership produced an innovative intervention to promote awareness among Asian Americans of the risks of hepatitis B and liver cancer. Drop-in clinics were held two Saturdays a month for one year. Participants paid cash for hepatitis B testing and the full hepatitis vaccination series.
Results:	Over 1200 people were tested and 3700 shots administered in 72 clinic hours with 10% being chronically infected and 35% showing immunity leaving 55% vulnerable to hepatitis B infection. The client survey identified a need for education to the target community as well as the provider community.
Recommendations:	Wait for test results before vaccinating. Work with non-traditional partners to reach a broad base of your target population. Be linguistically and culturally appropriate for your target population. Build in a follow-up component for the people who test positive. Plan to educate providers in your community.

Title & Number:	Mapping Asthma Hot Spots: The Geography of Air Pollution and Asthma Hospitalization Inequities in the Bronx (431)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe the two classes of stationary and two classes of mobile air pollution 2. Describe the impact of air pollution on hospitalisation rates of adults and children in the Bronx 3. Describe the challenges facing clinicians and public health officials in reducing the contribution of air pollution and housing segregation to disparities and inequities in asthma morbidity in urban communities
Issues:	Over the last quarter century asthma has become epidemic in low income, urban communities and now is the leading cause for hospitalization of children over one year of age. Overall air quality, however, has improved during the same time period. Research has linked air pollution with morbidity (e.g, hospitalization) and mortality from respiratory diseases, including asthma. Residents of the Bronx suffer from asthma hospitalization rates that are among the highest in the nation. The Bronx also has many facilities that are know sources of air pollution, as well as one of the highest volumes of vehicular traffic in the nation. The authors test the hypothesis that there is a significant increase in asthma hospitalisation rates for those residing near major sources of air pollution.
Description:	The authors used Geographic Information Systems (GIS), a mapping & spatial analysis (ArcView) software, to map and analyze the major mobile and stationary sources of air pollution in the Bronx, in relation to the residences of people admitted to hospitals for asthma, as reported from 1995-99, employing an ecological study design. The patient's home address was geocoded for exact longitude and latitude while maintaining strict confidentiality. Hospitalization rates for census block groups were calculated from the 2000 Census for each year & the 5-year average. Census data were also employed in mapping populations by demographic and socio-economic variables. Both stationary and mobile sources of pollution were mapped and layered to define impact zones.
Results:	Impact zones for Toxic Release Inventory (TRI) and stationary point source (SPS) facilities and Major Truck Routes (MTR) and Limited Access Highways (LAH) were drawn from the medical literature. Odds ratios were calculated comparing those living in with those living outside these impact zones and those residing within multiple impact zones. Children residing within impact zones of TRI and SPS facilities had statistically significant increases ($p<0.01$) in hospitalizations (16-31% & 14-30%, respectively) while adults had statistically significant increases near TRI and SPS facilities (29-60% & 26-66%, respectively) and near MTRs (7-17%). Living near LAHs had no effect on asthma hospitalisation rates. Controlling for race and poverty rates reduced but did not eliminate these statistically significant effects. The authors have found more marked effects among those exposed to several sources and are currently controlling for race and poverty rates.
Recommend ations:	Evidence presented by this study supports the hypothesis that local sources of air pollution, often concentrated in low income, urban communities, correlate geographically with asthma hospitalization rates. Clinicians and public health officials should consider local sources of air pollution in individual treatment plans and in environmental regulation & code enforcement. From an environmental justice perspective health inequities & asthma hospitalization disparities have roots in segregated & sub-standard housing and concentration of air and other pollution sources in low income neighborhoods. To the authors' knowledge, this is the first research employing exact longitude & latitude (rather than census tracts or zip codes) allowing more precise calculations of risk.

Title:	Training for Community Health Workers: Innovation in Development and Delivery (434)
Learning Objectives:	Upon completion of this presentation, participants will better understand how Hawaii is increasing the knowledge of community health workers. Upon completion of this presentation, participants will be able to learn of how a certificate program for community health workers was developed and how it increases knowledge of resources and disease states. Upon completion of this presentation, participants will be able to learn of a specific innovative way of teaching diabetes curriculum.
Issues:	A state wide, Hawaii needs assessment in 2002-2003 revealed that there was a need and a desire for formalized, college-based training focused on human services and health aspects of community health worker outreach work. There is a need to be trained in the up-to-date best practices for health promotion specific to chronic diseases affecting their clients. In Hawaii, approximately one out of 15 residents has diabetes. The burden of diabetes is disproportionately higher for Native Hawaiians and Pacific Peoples. A needs assessment with 19 health organizations about diabetes evidence-based information identified additional community health worker training as a top priority.
Description:	By the end of 2006, five cohorts on five islands in Hawai'i will have gone through a 16 week training program for Community Health Workers, leading to a Certificate in Outreach for Health Promotion. The 100-hour certificate is comprised of a 3 credit human services course focused on developing appropriate outreach interventions to meet needs of Hawai'i's underserved communities, along with 55 hours of health promotion training modules covering topics such as nutrition and fitness, behavioural health, and chronic diseases.
Results:	Since the first pilot was launched in March 2005, 60 students have been enrolled in the training on Kaua'i, O'ahu, Maui and Hawai'i Island. For each modular health promotion topic, pre- and post- tests are given to the students to demonstrate the knowledge gained.
Recommendations:	1) Evaluate the training course in an urban and rural setting 2) Implement additional knowledge measurements into the course 3) Grow partnerships and collaborations 4) Promote support for community health worker training as a means for eliminating disparities in underserved communities

Title & Number:	Development of a Culturally Competent Health Care System Through Private, Non-Profit Community Organizations (438)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify 3 barriers to health care access for the Chinese community 2. Identify the 3 types of services needed to form an Integrated Delivery System (IDS) 3. Identify the driving forces for the formation of the Chinese community-based IDS
Issues:	A significant proportion of the Chinese community is foreign born, speaks English poorly or not at all, and/or struggles financially. These cultural, linguistic and financial circumstances act as barriers to healthcare access for many individuals. In addition, providers require an understanding of the coexistence of Traditional Chinese and Western medicine.
Description:	Community-based medical services were first offered in 1899 and a hospital was founded in 1925 to serve the Chinese in response to the anti-Chinese discriminatory practices of other hospitals. In the 1980s, in response to the movement towards managed care, which created a new access barrier to health care, the hospital, a health plan designed to serve the Chinese, and its affiliated physician group collaborated to provide an ethnic-specific Integrated Delivery System (IDS). The health plan was formed to address the community's need for health coverage in the managed care environment. The physician group formed as a collective of the hospital's physicians to provide bilingual/bicultural services. The IDS also created a bilingual/bicultural health education program for the community. The partnership between the three organizations has allowed for improved culturally competent care that may not be available from the mainstream health care organizations.
Results:	The IDS serves approximately 25,000 enrollees, roughly 15% of the local Chinese population. The IDS cares for 17% of Chinese seniors in the city, which comprises 25% of the enrollees. In addition, 25% of IDS enrollees are from low-income programs.
Recommendations:	Community-based organizations are well-positioned to respond to the needs of specific ethnic communities. A partnership of private, non-profit providers and plans provides a model by which these needs are addressed. Mainstream companies trying to provide cultural competent services may be less effective in addressing the needs of an ethnic community, compared to a community organized system specifically tailored for an ethnic community which is both possible and likely to be more beneficial.
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Title & Number:	Access to Specialty Care and Medical Services in the Community Health Center Population (443)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe the ability of community health centers (CHCs) to obtain medically necessary referrals by insurance status. 2. Identify barriers to obtaining referrals. 3. Describe the perceived quality of specialty referrals.
Issues:	This abstract responds to the track on Health Care Access, Utilization, and Quality by addressing the problem of access to specialty medical care and diagnostic procedures in the CHC population.
Description:	Federally funded CHCs provide primary and preventive health care to all patients, regardless of insurance status. These patients are more likely to be uninsured, minority, and have lower income. However, to date, there has not been a nationwide evaluation of access to and quality of specialty care and medical services in the CHC population. The authors surveyed Medical Directors (MDs) at all federally-qualified CHCs in the U.S. in 2004 and examined their responses regarding referral access to specialty services, barriers to obtaining medically necessary referrals, and the quality of subspecialty care received by their patients' based on insurance status.
Results:	The obtained responses from 472 out of 877 potential respondents (54%). MDs reported difficulty obtaining medically necessary referrals to specialists more often with uninsured patients (22% for uninsured vs. 1% for privately insured and 3% for Medicaid, $p<0.001$). MDs reported that ability to refer was limited by a required up-front payment by the patient (private 14%, Medicaid 16%, uninsured 68% $p<0.001$) or provider unwillingness to see patients of certain insurance status (private 9%, Medicaid 38%, uninsured 66% $p<0.001$) more frequently for uninsured patients. MDs less frequently rated the quality of the obtained referral as excellent or very good for uninsured patients (private 82%, Medicaid 68%, uninsured 48%, $p<0.001$).
Recommendations:	Policy recommendations include underwriting specialty services as a mechanism of expanding charity provisions. Future investigation should evaluate whether certain CHC characteristics are correlated with referral success in order to facilitate implementation of successful strategies at other CHCs.
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Title & Number:	A Community-Academic-Governmental Partnership to Assess Disparities in Mental Health Care for Latinos (445)
Learning Objectives:	At the conclusion of this presentation, participants will be able to: 1. Describe the significant health disparities faced by the Latino population in accessing and utilizing mental health services. 2. Describe the components of a community-based needs assessment. 3. Describe four recommendations to address racial/ethnic disparities in accessing mental health services.
Issues:	Latinos have been identified both nationally and locally to face significant health disparities. Physical health disparities can be monitored by specific indicators such as infant mortality, immunization rates, breast examinations/mammograms, disease prevalence, outcomes and mortality. Apart from the 2001 Surgeon General's Report, Mental Health: Culture, Race, and Ethnicity, which identified Hispanic/Latinos as one of four racial/ethnic groups receiving inadequate mental health services nationwide, and the 2003 report of the President's New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America, there has been little established to assess and document mental health disparities as has been done for physical health.
Description:	In response to these issues, the authors of this presentation established a productive partnership of the Department of Mental Health, private health/mental health, social services, educational institutions and community members in order to conduct a local mental health needs assessment of the Latino population. The three main goals of the study were to gain a better understanding of the Latino community's mental health needs, barriers to treatment and experiences with mental health services. In addition, the long term goal of this collaborative effort was to begin developing an action plan to improve access to, and quality of mental health services for the Latino community.
Results:	A total of 166 face-to-face interviews of Latino community members were conducted (49% from Puerto Rico, 15% from the Dominican Republic, 10% from mainland U.S. and 26% from Cuba and various countries in Central and South America). 81 of participants expressed that they felt more comfortable communicating in Spanish than in English. 46% of participants reported incomes below federal poverty guidelines and 37% had no health insurance. 86% of participants reported that they, or a family member, had experienced a mental health related problem at some point in their lives with 56% seeking help. Common reasons reported for not seeking help included language/cultural barriers, lack of health insurance and a belief that the problem could be handled without help.
Recommendations:	A major recruitment effort to attract bilingual/bicultural mental health professionals to the area is one of the authors' strongest recommendations. Mental health and health care providers need training to understand cultural values and culture-bound expressions of psychological/emotional distress in the Latino community and how to tailor therapeutic interventions accordingly. Cross-cultural curricula should be integrated into initial training and also enhanced through ongoing practice-based and continuing education programs. The authors recommend that the findings of this needs assessment inform policy and programmatic interventions relating to workforce development, training and community education to create sustainable systemic change to improve the service delivery system.
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Title & Number:	Racial/Ethnic Disparities in Prostate Cancer Treatment (447)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Summarize key aspects of the racial/ethnic disparities in the treatment of prostate cancer. 2. Describe the association between racial/ethnic disparities in treatment and survival. 3. Summarize the need for a better understanding of the factors that influence the racial/ethnic disparities in prostate cancer treatment.
Issues:	This abstract demonstrates the need for a greater relationship between the healthcare and African Americans communities. To this end, the lack of the relationship is one factor that has contributed to the lower use of definitive treatment by African American men.
Description:	Surveillance Epidemiology End Result (SEER) data were used to examine racial/ethnic variations in the use of specific treatment modalities in 80,780 Caucasian, African American and Hispanic men diagnosed with clinically localized prostate cancer from 1995 thru 2000. Bivariate and logistic analyses were performed to determine the odds of receiving a specific treatment modality adjusting for geographic (SEER site) and demographic (age, marital status, tumor grade, race, year of diagnosis, and treatment received) variables.
Results:	African Americans, compared to Caucasians, were less likely to receive definitive treatment (surgery or radiation). This racial disparity in the odds of receiving definitive treatment increases with higher grade cancers. When receiving definitive treatment, African Americans were less likely to receive a radical prostatectomy and more likely to receive radiation.
Recommendations:	Use the relationships created by the CNP to improve the healthcare community's understanding of the racial/ethnic factors that influence patient's prostate cancer treatment decisions; and identify and eliminate any barriers, which facilitate the racial/ethnic differences in prostate cancer treatment.
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Title:	Neighborhood Socioeconomic Status And Resting Blood Pressure In A Community Sample (449)
Learning Objectives:	Upon completion of this presentation, participants will be able to identify ways of measuring Socioeconomic Status (SES). Upon completion of this presentation, participants will be able to evaluate the role of SES and Resting Blood Pressure (RBP) as a possible predictor for the risk for hypertension. Upon completion of this presentation, participants will be able to evaluate the effect of neighborhood characteristics on resting blood pressure.
Issues:	Socioeconomic status (SES) has been inversely associated with blood pressure (BP), however the mechanisms linking SES and BP are unclear. This study examined the relationship of variations in neighborhood (block-group) characteristics to resting blood pressure in a community sample.
Description:	Participants included 406 American-born adults aged 25-65 of whom 228 were Black (133 women) and 178 were Latino/a (102 women). Most (68%) had family incomes no more than twice the poverty level. Hierarchical multiple regression analyses examined the association of neighborhood measures of SES on baseline blood pressure and heart rate, controlling for demographic variables (age, race, gender and body mass index) as well as individual level measures of SES (education, occupational status and poverty level).
Results:	Independent variables included neighborhood measures of median family income, median housing value, educational status (% less than high school), and occupational status (% white collar jobs). Dependent variables were the average of 8 readings of resting blood pressure or heart rate obtained over two days (an average of a week apart) using automated syphymomanomoters (OmronHEM 704 for 5 readings and Suntech AccutrackerII for 3 readings). For Diastolic BP, the overall model was significant (Adj. R^2 = .15, $p < .001$). Additionally, neighborhood occupational status was significantly positively associated with baseline DBP (B = .14, t = 2.25, $p < .05$).
Recommendations:	In this sample of generally low income individuals, the higher the number of white collar individuals living in the participant's immediate neighborhood, the higher the participant's DBP. These data support the notion that relative social status may be an important predictor of cardiovascular disease risk. Further study utilizing measures of ambulatory blood pressure are recommended to explore the nature of this relationship.

Title & Number:	How to Implement the National Diabetes Education Program's "Small Steps. Big Rewards. Prevent type 2 Diabetes." (452)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe the results of the DPP 2. identify the materials that are available through the SSBR campaign 3. Implement a campaign in their own community.
Issues:	Over 41 million Americans are estimated to have pre-diabetes, putting them at risk for type 2 diabetes. Over half of these potential cases of diabetes can be prevented or delayed if people at risk lose 5 to 7 percent of their weight by getting 30 minutes of physical activity 5 days a week and following a low calorie, low-fat diet. The U.S. Department of Health and Human Services' National Diabetes Education Program has translated the key findings from the Diabetes Prevention Program clinical trial into a national public awareness campaign, called Small Steps. Big Rewards. Prevent type 2 Diabetes, the first national multicultural diabetes prevention campaign with tailored messages and materials for high-risk audiences. Audiences included African Americans, Hispanic/Latino Americans, American Indians and Alaska Natives, Asian Americans/Pacific Islanders, and older adults. Through the Small Steps. campaign, NDEP seeks to spread the word, especially among high-risk populations, that type 2 diabetes prevention is proven, possible, and powerful.
Description:	Participants will learn techniques for promoting and disseminating the campaign messages to the media and through non-traditional channels. They also will learn how to plan and conduct campaign media events and how to involve people representative of the high risk target audiences as campaign spokespersons.
Results:	The sponsoring organization is tracking long term trends in awareness, understanding and behavior around diabetes prevention through several public and private surveys. Aggressive media outreach efforts generated over 43 million impressions through print, radio, and television coverage.
Recommend ations:	• Share the good news that type 2 diabetes prevention is proven, possible, and powerful • Deliver, for the first time, culturally-tailored messages about diabetes prevention to high-risk populations • Motivate people at risk to take actions to prevent the onset of diabetes
Notes:	

Title & Number:	Utilizing Past Failures To Orchestrate Future Successes: A Look At Infant Mortality In Michigan (453)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe the racial/ethnic component of Infant Mortality in Michigan. 2. Describe how data was used to pinpoint problems and drive solutions. 3. Describe innovative approaches to addressing Infant Mortality in African Americans.
Issues:	Infant morality in the state of Michigan has remained stagnant over the past several years, consistently above the national level. The infant mortality rate for blacks in Michigan is 3 times that for whites, therefore making interventions that address this racial disparity a key to reducing the overall rate.
Description:	From 1992-2002 the state of Michigan was unsuccessful in its attempts to reduce disparities in infant mortality. While the overall rate declined slightly, it was at the expense of Michigan's African American population. Upon closer analysis of the problem, it was decided that the most effective approach to eliminate the disparity, thus reducing the overall infant mortality rate, would be to concentrate efforts on the African American population. Eleven Michigan cities with the highest black to white ratio were selected as focus sites. A thorough analysis of data including perinatal periods of risk, gestational age, birthweight, preterm birth, and demographic factors was conducted to provide viable options for intervention.
Results:	Analysis of perinatal periods of risk in the 11 selected cities revealed maternal health/ prematurity, followed by infant health, as the main issues of concern. Using this information, additional funding was provided to the eleven identified cities for the initiation/continuation of targeted interventions. The disparity in infant mortality between blacks and whites saw a slight decline in 2003.
Recommendations:	Continued evaluation of targeted interventions is key to the success of the state in reducing infant mortality. It is also vital that the state monitor all racial and ethnic groups to ensure that by focusing efforts on one racial/ethnic group, disparities are not created in other communities.
Notes:	

Title & Number:	Real-life Organizational Assessment of Cultural Competency in Healthcare Organizations: From Development to Application of Results (454)
Learning Objectives:	At the conclusion of this session, participants will be able to: 1. Create a process to assess the cultural competency of their healthcare environment, including staff and system characteristics. 2. Describe how to apply the Federal Standards for Culturally and Linguistically Appropriate Services (CLAS) in Healthcare to apply findings from an assessment of the cultural competency of their healthcare setting. 3. Describe common obstacles in the implementation and application of results from organizational assessments of cultural competency.
Issues:	
Description:	Barriers due to socioeconomic status, race, ethnicity, and language can increase exclusion from health programs, delays or denials of services, and ultimately poorer healthcare and health outcomes. The US Office of Minority Health standards for culturally and linguistically appropriate services (CLAS) in healthcare represent the most comprehensive and respected metric available to assess and guide organizations in the development of their cultural competence. This presentation outlines how the CLAS standards can be used to develop and frame the findings of an assessment of environmental and staff cultural competency in healthcare organizations. A real, ongoing case study with a multi-site health center illustrates the use of an organizational survey, key informant interviews, observational checklist, and discussion groups to evaluate the progress of staff and organizational practices and policies based on the CLAS standards related to clinical care, organizational structures, policies and processes.
Results:	Cumulative findings showed the organization was in line with most of the 14 CLAS standards. Strengths included use of bilingual staff for healthcare interpreting and cultural competency training for clinical and administrative staff. An area for improvement included use of medical records to better identify and serve the needs of patients of different cultures and limited English proficiency. The application of the overall assessment results to influence practice and program changes are described.
Recommendations:	Many healthcare organizations are challenged to effectively comply with the CLAS standards, especially because few lessons exist in the current body of cultural competency research. This presentation shows how organizational assessment can be guided by the CLAS standards to influence changes in practices and policies to contribute to the elimination of health disparities.
Notes:	

Title & Number:	Cancer Screening Among Low-Income African-American And Caucasian-American Women (463)
Learning Objectives:	At the conclusion of this session, participants will be able to: 1. Describe the current prevalence of mammography, Papanicolaou test, and sigmoidoscopy/colonoscopy for cancer screening among low-income African-American and Caucasian-American women 2. Describe factors influencing utilization of the screening tests in these two racial groups 3. Discuss development of appropriate screening strategies to improve cancer screening in both AAW and CAW.
Issues:	Cancer screening plays a key role in the early detection of cancers. However, information on current prevalence of cancer screening among low-income African-American and Caucasian-American women and on factors influencing utilization of the screening tests in these two racial groups is lacking.
Description:	To assess the influence of demographic factors, socioeconomic status, and health status on screening for breast, cervical, and colorectal cancers, the authors conducted in-person interviews with 22,953 predominantly low-income women (77.7% African Americans) recruited during 2002 through 2004 from 25 community health centers in the southern United States. Information on age, education, household income, marital status, employment, religiousness, health insurance coverage, history of chronic diseases, as well as history of screening test use for breast (mammography), cervical (Papanicolaou test), and colorectal (sigmoidoscopy/colonoscopy) cancers were collected. The multivariate logistic regression models were used to examine factors influencing utilization of the screening tests among African-American women (AAW) and Caucasian-American women (CAW).
Results:	Of women age 40 or older, CAW were less likely than AAW to report having a mammography (55.1% vs. 58.9%; OR = 0.86, 95% CI = 0.81-0.91) within the past 12 months or having a Papanicolaou test (78.1% vs. 87.4%; OR = 0.52, 95% CI = 0.48-0.56) within the past 3 years. In contrast, of women age 50 or older, CAW were more likely to report having a sigmoidoscopy within the past 5 years or a colonoscopy within the past 10 years (40.5% vs. 32.7%; OR = 1.4, 95% CI =1.29-1.53). Factors independently associated with utilization of all four screening tests in both racial groups included age, health insurance coverage, and a history of chronic diseases. Additionally, low income was significantly associated with less use of the mammography (p trend < 0.01) and Papanicolaou test (p trend < 0.05) in both AAW and CAW; while religiousness was inversely associated with mammography use in CAW (p trend < 0.01), but positively associated with mammography use in AAW (p trend < 0.05).
Recommendations:	Continued efforts are needed to improve cancer screening in both AAW and CAW. Older, uninsured, and low-income women should be particularly targeted to develop appropriate screening strategies.
Notes:	

Title & Number:	Utilization of Health Information Technology in Addressing Health Disparities in the Safety Net (464)
Learning Objectives:	At the conclusion of this session, participants will be able to: 1. Describe how advanced functionality of Electronic Health Records System (EHRS) can be used to provide data to track and address health disparities in the safety net. 2. List considerations and challenges in realizing higher functionality of an EHRS. 3. Describe the importance of standardizing and refining race/ethnicity/data and linking it with clinical data.
Issues:	The EHRS provides many opportunities for improving health care quality and safety. Benefits can accrue at multiple levels including at the point of care, management of the delivery system, and increased ability to manage quality improvement. In addition, the EHRS can be used to facilitate quality reporting both at the individual patient level as well as an aggregate/population level. However, without care in design and implementation, attention to the quality and availability of data entered, appropriate training and support of clinical staff, appropriate inclusion of relevant decision support/evidence-based guidelines and development of reporting capacity, the potential benefits of (HIT) can not, and often have not been realized in other applications.
Description:	The Alliance of Chicago Community Health Services, LLC is a network of Community Health Centers, which has received funding from the Bureau of Primary Health Care and the Agency for Healthcare Quality and Research for a HIT implementation. The project includes adaptation of a commercial EHRS product to facilitate the capture of health information as discrete searchable data useful for the application of evidence based practice, monitoring care on an individual and population basis, providing data for performance improvement and population based strategies and descriptive data for outcomes research and advocacy. The project includes the development of a data warehouse for more robust and reliable data evaluation and reporting.
Results:	The Alliance will utilize its EHRS to improve quality and safety of care through decision support and data driven system improvement. The project will involve capture of health information as part of searchable database, as well as collection of more precise race ethnicity and socioeconomic status data to integrate with the clinical data. Data will be available to describe and better understand existing health disparities among populations served by the participating Health Centers. Through the project, the Alliance will demonstrate the importance of a robust EHRS vision and implementation and benefits which justify the investment, as well as develop tools and capacity to assist other safety net providers implementing EHRS.
Recommendations:	Health information technology should be a major part of the strategy to understand and address health disparities, and to drive more efficient and effective use of limited health resources. Implementation should be based upon a full understanding of the capabilities and benefits of EHR functionality, and a thoughtful plan to address challenges and barriers. To impact health disparities, it is important to collect more precise race/ethnicity and socioeconomic data and to integrate this with clinical data. Cost benefit analysis, as well as wise investment strategies are important policy considerations.
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Title & Number:	HIV/AIDS-related Vulnerability, Risk and Prevention among Youth in Asian and Pacific Islander American (APIA) Ethnic Groups Underrepresented in Current HIV/AIDS Research and Interventions (465)
Learning Objectives:	At the conclusion of this session, participants will be able to: 1. Describe HIV/AIDS-related knowledge, attitudes, social and sexual practices and health-seeking behaviours among Cambodian, Chamorro and Hmong youth 2. Describe gaps in research and data collection and how to overcome these challenges 3. Describe how to conduct community based level assessments and research in Asian and Pacific Islander communities
Issues:	Members of specific APIA ethnic groups constitute an increasing or significant proportion of communities in the US and Pacific jurisdictions. Absence of appropriate and effective HIV prevention interventions reflects an inadequate understanding of the particular historic, socio-cultural and behavioural factors that make these groups, especially their youth, more susceptible to HIV infection than previously presumed. The National APIA Youth AIDS Study (NAYAS) was launched to gather relevant ethnographic information as well as data on HIV/AIDS-related knowledge, attitudes, social and sexual practices and health-seeking behaviours among Cambodian, Chamorro and Hmong youth.
Description:	With technical assistance from an advisory board and in cooperation with CBO partners, the study administered demographic and health surveys, convened focus groups and conducted key informant interviews among Cambodian youth in Seattle, WA, Chamorro youth in Guam, and Hmong youth in La Crosse, WI. They study compiled social vulnerability, behavioural risk and community asset profiles based on descriptive statistics from the surveys and a systematic qualitative review of focus group and interview data.
Results:	the sample included 57% male and 43% female participants who ranged between 12 and 19 years old (mean = 16); most (89%) attend school and, except Hmong youth, were US-born. Although almost all participants agreed that having sex without condoms (89%) and sharing needles (92%) facilitate HIV transmission, nearly a third also cited receiving mosquito bites, donating blood and kissing as possible modes, and 41% disagreed that sexual abstinence decreases HIV risk. Among sexually active participants, 40% had multiple partners; most used condoms occasionally and expressed concern about HIV/STI infection, but only 10% ever had an HIV test. Considering the gradual integration of the Chamorros in a diversifying Guamanian society and recent asylum-seeking migration of the Cambodians and Hmong, youth face competing pressures from their own communities to preserve their languages, traditions and values and from the majority group to assimilate. Preoccupation with the response to these pressures diminishes the relevance of HIV/AIDS and leads some participants and their peers to cope through gang membership and substance abuse, which further increase their vulnerability.
Recommendations:	Comprehensive school-based health education could correct misconceptions about HIV transmission and prevention. Behavioural change communication with the use of colloquial language, popular culture icons and peer models could promote the ideas of dual-purpose condom use (to prevent HIV/STI infection and unintended pregnancies) and HIV testing. Additionally, awareness raising among adults in the community through local cultural centres and ethnic language media could reduce the ignorance and stigma that remains pervasive in their perceptions about HIV/AIDS and related issues.
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Title:	Development of a Tool to Measure Individual Physician's Cultural Competence (468)
Learning Objectives:	Upon completion of this presentation, participants will be able to list key substantive and methodological limitations in the prevailing conceptualization and self-assessment measures of physician's cultural competence. At the conclusion of this presentation, participants will be able to critically evaluate a patient-centered approach to defining and measuring physician's cultural competence. Upon completion of this presentation, participants will have evidence on the validity and reliability of a tool designed to measure physician's cultural competence from the patient's perspective.
Issues:	Doctor-patient interaction is the most common and central interaction between individuals and the healthcare system. The quality of this interaction is critical to the delivery of effective healthcare services. From the patient's perspective, the quality of doctor-patient interaction has been conceptualized as comprising of two interrelated dimensions: the technical/clinical and the interpersonal aspect of service experience. Over the past two decades, there has been growing understanding of and interest in the former, but, relatively little is known about the later. Drawing upon the widely accepted quality of service experience framework and a critical appraisal of the definitions and select measurement tools in the published literature, the author conceptualized that cultural competency, patient centeredness, patient-doctor relationship and communication, and interpersonal relations are various terms used in the context of doctor-patient interaction to describe the interpersonal aspect of care. Based on this conceptualization, the author proposed and tested a measurement model of cultural competence, patient-centeredness, patient-doctor relationship and communication, and interpersonal relations from the patient's perspective.
Description:	The author tested the measurement model using confirmatory factor analysis. 20 items, all drawn from the Commonwealth Fund 2001 Health Care Quality Survey, were deemed to measure the concepts of cultural competence, patient centeredness, patient-doctor relationship and communication, and interpersonal relations. These items were factor analyzed to test the proposed measurement model. Analysis was conducted for four separate samples, including both English and non-English speaking populations. Confirmatory factor analysis allowed examination of the factors underlying the items, and development of a newly developed tool.
Results:	The study provided evidence that cultural competence, patient centeredness, doctor-patient relationship and communication, and interpersonal relations can be conceived as the interpersonal aspect of care when conceptualized and measured from patient's perspective. A tool with 10 and 11 items for the English- and non-English speaking population was developed with acceptable internal consistency: Cronbach's alpha 0.82 and 0.77 respectively. Construct and predictive validity were supported by its positive relationship with measures of access to care and outcomes of service experience. The author also found that the factor structure model holds for males and females and for four racial/ethnic groups.
Recommendations:	Policymakers and program evaluators should consider defining and measuring cultural competence from the patient's perspective, in addition to the provider and educator's perspective. Evidence from this study suggests that cultural competency, patient centeredness, patient-doctor relationship and communication, and interpersonal relations are closely interrelated constructs. Further empirical assessments should be conducted with to examine the psychometric properties of the tool.

Title & Number:	Spare Me the Disparities: Bridging the Gap by Accessing the Right Information (469)
Learning Objectives:	Upon completion of this presentation participants will be able to: 1. Identify issues that contribute to health disparities in the United States, navigate the internet and "mine" for health information within a website, and conduct basic literature searches on PubMed, a service of the National Library of Medicine 2. Search for quality, authoritative health information resources on the web.
Issues:	Who you are, where you live, and your level of education and income factor into your health status. Health disparities are a result of a lack of access to healthcare, a lack of access to health information, and the level of cultural competency within the healthcare system. Understanding and identifying contributing factors to these disparities is fundamental for healthcare providers and policymakers. Finding and utilizing comprehensive health information by the patient, consumer, healthcare provider, and policymaker will positively impact disparity outcomes.
Description:	The Arizona Hispanic Center of Excellence Services Librarian developed a portal web page for the Arizona Health Sciences Library (AHSL). The site offers centralized information for researcher, students, educators, public health workers and the community. The AHSL Hispanic Health web site serves as a portal through which users can connect with digital information and resources that focus on Hispanic health issues, Border health issues, trends, professional associations, statistics, patient advocacy groups, consumer health links, and daily Hispanic health news. Users will also find links to pharmaceutical and biotech companies that market products, conduct research and provide patient assistance programs.
Results:	The carefully selected resources on the Hispanic Health portal page serve the disparate needs of public and community health workers, clinicians, pharmacists, nurses, researchers, policymakers, educators, and students. One example is how the university's office of Health Policy and Law Institute utilizes the Hispanic Health statistics page to find pre-searched data on Hispanics in Arizona or Pima County. This provides immediate information when writing grants, white papers, reports etc. Another example is the Publications page, this is where educators can find a resource or toolkit to implement a strategy to bridge a disparity gap.
Recommendations:	A move in the right direction would include continued efforts by organizations, agencies, institutions etc. to include information about the varied minority groups and their specific health and information needs. Gender or racial/ethnic based research should continue to be developed and funded, particularly on how to make the information accessible.
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Title & Number:	Hidden and Hard to Reach Target Populations: Respondent Driven Sampling to the Rescue! (472)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe the difference between Respondent Driven Sampling (RDS) and other chain-referral and snow-ball research sampling methodologies 2. Describe successful research projects that used RDS and that focused on minority populations and communities of color 3. Describe the applicability of RDS to community based settings and resource limited agencies with research needs
Issues:	Conducting research utilizing a chain referral system with monetary incentives, raises important issues regarding ethics and power dynamics, coercion in recruitment and participation, appropriate monetary incentives, and perceived distrust in what appears to be a "pyramid scheme." Hidden and hard to reach populations remain and RDS is one way to better work with, understand and advocate for vulnerable populations.
Description:	RDS can be used to recruit participants who represent hidden and hard to reach populations. It relies on the identification and recruitment of "seed" participants. The "seeds" give referral coupons to individuals who they believe are potentially eligible for participation in the given study. Eligible participants referred by "seeds" give referral coupons to other individuals. Referral coupons are limited to three people to moderate recruitment biases resulting from differences in the size of personal networks. "Seeds" and participants are often not given the specific eligibility criteria in order to prevent that information be used by ineligible individuals to gain entry into the project. Participants are often compensated for both their participation in the study as well as for each referral that results in participation in the study.
Results:	RDS has shown to reduce the biases generally associated with chain-referral methods. There exists proof that even though sampling begins with an arbitrarily chosen set of initial "seed" participants, as do most chain-referral samples, the composition of the ultimate sample is wholly independent of those initial "seed" participants. RDS has also show to be cost effective as no money is used to purchase the sample and the selection process is self-regulated. In other sampling methodologies, hundreds to thousands of contact hours are needed to produce a similar qualified sample. Participation rates are also enhanced by peer referral.
Recommendations:	Shrinking resources for research and work with underserved populations exacerbates ethnic and racial health disparities. In order to eliminate these disparities it is necessary to focus on smaller hard to reach populations who are often more vulnerable to preventable and manageable disease, have the least access to resources, have less of a voice and means to self-determination, and are the least understood and represented by policy and other decision makers. RDS is a way to cost effectively focus on these underserved populations.
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Title & Number:	Childhood Obesity in Rural Areas: An Assessment of Children's Nutritional Knowledge, Attitudes, and Behaviors (473)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe nutrition knowledge, attitudes, and behaviors (KABs) of study participants 2. Describe nutritional KABs of study participants compared to the national recommendations 3. Describe racial/ethnic differences in nutritional KABs 4. Describe a multi-level approach to KABs
Issues:	Childhood obesity has become increasingly cited as a national health epidemic. Although childhood obesity research has been conducted, little research has specifically focused on rural areas.
Description:	Because nutrition has been indicated as a key area for addressing childhood obesity, this study examines nutritional knowledge, attitudes, and behaviors among 424 elementary school children in a rural Texas county.
Results:	Baseline data indicate marked deficiencies in knowledge and behaviors; but attitudes provide opportunities for change. For example, students: (1) were not aware of the food group from which they should consume the most items and (2) do not consume an adequate amount of fruits and vegetables, falling far short of the Healthy People 2010 recommendations. Within the total sample deficiencies, racial/ethnic disparities were apparent. For example, White children were more aware of the food group from which they should eat the fewest servings a day. Despite knowledge and behavior deficiencies, attitudes provide promise for intervention. Specifically, students (1) believe that overall the cafeteria lunches are healthy for their bodies and (2) are amenable to trying new foods. Data further indicate that students (81%) have little to moderate input in their dietary selections. The latter finding implies that influences external to the individual, such as parents/guardians and school officials, such as food service personnel, may be mostly responsible for students' food choices.
Recommendations:	As such, a multi-level approach must be employed to effectively address the students' nutritional influences. Therefore, the purpose of this oral presentation is to provide information concerning nutrition knowledge, attitudes, and behaviors among rural, elementary school children and recommend areas for improving nutrition among this group, specifically utilizing a multi-level approach.
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Title & Number:	Food Choice and Food Consumption Among Adults in Central Texas: A Geo-Spatial Analysis (474)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe how environmental factors can influence obesity, both directly and indirectly. 2. Describe how media influence dietary behaviors among diverse racial/ethnic groups. 3. Describe a consumer profile on adults related to food product purchases and eating habits.
Issues:	The increasing prevalence of obesity is a major public health concern in the US. Environmental intervention approaches are necessary to stem this epidemic, as the environment is becoming increasingly “obesogenic,” particularly in communities of color, and individual-level change efforts have demonstrated little sustainability A critical but understudied element of the sociocultural environment influencing the food and beverage preferences and purchasing behaviors of Americans is commercial advertising, marketing, and promotion.
Description:	The primary objective of this study is to conduct a content analysis of food, beverage, and physical activity products and services billboard advertisements to test the hypothesis that African Americans and Latinos are disproportionately targeted by advertising of high-energy, low nutrient density food and beverage products, and underexposed to advertising for nutritious food and beverage products and physical activity-related products and services.
Results:	A growing literature endeavors to characterize the cultural variations in commercial advertisements in magazines, on billboards, and on television that may contribute to health risk behavior disparities. A pattern of findings demonstrate significantly fewer ads for healthier food/beverage products, e.g., fruits, vegetables and dairy products, in magazines and television shows targeting African Americans compared with those targeting “general audiences,” and a significantly greater number of ads for unhealthy products. The authors’ findings identified substantially greater concentrations of non-nutritious food product advertising and promotions in lower income African-American and Latino communities than in more affluent, white communities.
Recommendations:	The implications of this work for policymaker and decision-maker education at the local and state levels are substantive. Examples of regulatory and legislative action that might be prompted or supported by the findings include: increased FCC oversight of Spanish-language media content; restrictions on food industry billboard placement modeled on those on tobacco; taxes on foods disproportionately advertised in poor neighborhoods to subsidize parks and recreational facilities or farmers’ markets in those areas; and requirements for food establishment menu item nutrition labeling.
Notes:	

Title & Number:	Save Our Babies (482)
Learning Objectives:	At the conclusion of this presentation, the participant (learner) will be able to: 1. Identify the primary factor that contributes to racial disparity in birth outcomes in Orange County. 2. Describe 3 approaches to outreach in Save Our Babies in reducing the disparity 3. Describe 3 challenges that Save Our Babies faced and how they were overcome.
Issues:	The Save Our Babies Campaign was started by the Orange County Healthy Start Coalition in response to the Perinatal Periods of Risk (PPOR) data that showed the county's black babies were twice as likely to be born low birth weight or to die within their first year of life as white babies. The primary risk factor contributing to this racial disparity in birth outcomes was the state of the woman's health prior to pregnancy.
Description:	The first step in addressing the issue of racial disparities in birth outcomes was to inform the African-American community of the severity of the problem and winning their support and commitment in actions to close the gap. The Orange County Healthy Start Coalition thus created Save Our Babies as a unique, non-traditional outreach approach to educating hair/nail salon stylists to teach their customers, and faith-based groups to teach their members, about the importance of prenatal and interconceptional health care. By conducting information workshops and training stylists to train others, the outcome goal was to see women improving in knowledge thus changing their health care behaviours, which inevitably would impact birth outcomes.
Results:	• Increased awareness of racial disparities in birth outcomes. • Willingness of minority businesses and community to take ownership of the problem. • Increased understanding of how to access the current health and social service system.
Recommendations:	Be sensitive to the community's culture. Provide culturally and linguistically appropriate educational materials. Build "trusting" relationships prior to engaging the community for social change.
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Title:	Minnesota Asian Health Data Summit Series: Building a Foundation for Effective Action (484)
Learning Objectives:	1) Upon completion of this presentation, participants will be able to understand the importance of disaggregating Asian and Pacific Islander health data by ethnicity. 2) Upon completion of this presentation, participants will be able to understand the importance of distinguishing immigrant/refugee populations by the amount of time they have resided in the United States. 3) Upon completion of this presentation, participants will be able to understand the importance of involving the community throughout the various stages of research, including: planning, survey instrument design, survey implementation, data analysis and report dissemination.
Issues:	The Asian and Pacific Islander population is one of the fastest growing of America's ethnic groups. According to Census 2000 data, Minnesota's Asian and Pacific Islander community has grown dramatically (85%) since 1990, surpassing the nation's per capita Asian and Pacific Islander growth rate during the same period. Despite this trend, growing literature states that there is a scarcity of accurate health data on Asian and Pacific Islanders across the country. If current data collection trends continue, we will not be able to: identify emerging health trends specific to Asian and Pacific Islander subgroups; target capacity building efforts; provide optimal services; nor develop policies which reflect and include the specific needs of this heterogeneous community.
Description:	Led by the Asian and Pacific Islander health community, the Minnesota Asian Health Data Summit Series convenes national and local health-related professionals and community to address the dearth of Asian and Pacific Islander data necessary for effective health action. The first Summit on June 28th, 2004 featured Gem Daus, MA, with Asian and Pacific Islander American Health Forum as the keynote speaker and highlighted a few local research efforts. The second Summit on February 11th, 2005, featured Chandak Ghosh, MD, MPH, with U.S Department of Health & Human Services/Health Resources & Services Administration & Harvard Medical School as the keynote speaker and convened workgroups in the areas of: community education, institutional research and public policy.
Results:	The Minnesota Asian Health Data Summit Series has received both national and local attention, including from key state legislators. At the invitation of Senator Satveer Chaudhary, the Asian and Pacific Islander health community has developed a policy brief, "Health-Related Data Needs of Minnesota's Asian and Pacific Islanders." The education effort of key public policy makers has begun with actively pursuing legislation on these issues for the 2006 session. Furthermore, the third data summit in 2006 is in the planning stages and will involve Walter Tsou, MD, MPH, President of the American Public Health Association as one of the key presenters.
Recommendations:	Finalize recommendations made from previous data summits, particularly in the areas of community education, institutional research and public policy. Determine strategies and partners needed to achieve these recommendations. Look for potential opportunities to partner with other underserved minority communities, with the goal of creating more accurate and culturally-responsive health data.

Title:	Empowering Youth: Eliminating Health Disparities from the Classroom (487)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify at least three resources for health promotion and health education activities. 2. List key steps for effective implementation of health promotion and health education activities into secondary curricula and community-based youth programs 3. Locate at least five resources for youth-focused, skills based science and math activities.
Issues:	For more than 20 years, the United States has been on a continuous quest to find effective ways of recruiting and retaining minority physicians because they are imperative to eliminating health disparities in minority and underserved communities. They are the primary providers of healthcare services to minority patients; serve poor, uninsured, or Medicare insured patients; and locate their practices in underserved areas.(IOM, 2004) Unfortunately, many of our future physicians, specifically youth, from these populations have become disenfranchised with science and math. As a result, there is a significant lack of interest among youths to participate in science and math courses or extracurricular activities. If this trend continues, it will significantly hinder advances in minority health and the elimination of health disparities.
Description:	This presentation aims to equip those who work with youth to incorporate health promotion and health education activities into secondary curricula and community youth programs. Participants will engage in hands-on activities that include critical thinking, problem solving, and/or technology on topics ranging from disease prevention to emergency preparedness.
Results:	This presentation will include health promotion and health education activities that: • engage youths and provide opportunities for practical application or “real world’ experiences • emphasize the importance of scientific subject matter and careers • include opportunities and resources for students to gain skills/training in scientific areas that are integrated with math skills beyond algebra.
Recommendations:	The future health of minority and underserved populations is dependent upon our ability to establish educational standards and measures that include practical application of scientific concepts. These measures should also include integration of community outreach using health promotion and health education activities that include critical thinking, problem solving and technology.

Title & Number:	Entre Nosotras/Between Us – A Community Level HIV Prevention Program For Latinas (489)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe core elements the Entre Nosotras/Between Us Program 2. Describe key components the Entre Nosotras/Between Us Program curriculum and process for training peer facilitators. 3. Describe strategies for effective replication of evidence-based interventions to their own programs
Issues:	HIV/AIDS is health threat to women in the United States, especially young women and women of color. HIV prevention experts have identified several particular prevention needs for Latinos which includes that includes interventions that (1) are consistent with their values and beliefs and (2) include skills-building activities to facilitate changes in sexual behavior. Prevention programs must address cultural barriers to safer sex.
Description:	Entre Nosotras/Between Us is a community level reproductive and sexual health program for Latinas whose generosity within their intimate relationships places their lives at risk. Entre Nosotras emerged from the work developing " Women's Safety Net Parties " which trained adult women as facilitators conducting home based HIV/STD education groups. Seeing the need for a culturally meaningful adaptation respecting Latinas' gender role beliefs, the program developed a culturally based approach to gender empowerment that supports agency and autonomy by celebrating The program also offers "Reunion Parties" as booster sessions providing on-going support for safer behavior change; increasingly intensive home-based risk reduction education and multi-session workshop at community-based programs; extensive and enhanced peer involvement; a coalition model with two key partners that includes a Latina education and training program, and an ASO for case management for HIV+ Latinas their families.
Results:	Entre Nosotras/Between us reaches over 500 women annually through home based education alone. The program developed an ecosystemic logic model emphasizing increased knowledge, greater connections to others in family and community, and compromiso/commitment to goals for change. Through participation in the program, Latinas showed increase in: developing new communication strategies and comfort communicating about sexuality with partner; gaining a sense of personal empowerment and increased mastery; expanding personal sense of future possibilities and goals.
Recommendations:	• Effective HIV prevention programs for Latinas need to use a holistic, relational and ecological approach recognizing how issues of gender role and lack of power create significant barriers in the implementation of knowledge concerning HIV prevention in sexual relationships. • Culturally meaningful interventions with Latinas must reflect the realistic strategies for negotiating with partners that Latinas and other women of color creatively generate out of different and shifting ecologies of risk. • Domestic violence and economic constraints, alcohol and substance abuse either by them or by their partners, loneliness and isolation from extended family due to the circumstances of migration, are realistic situations in which our participant population all too often found themselves struggling with, and are the real contexts for sexual relationships and HIV prevention for Latinas in Boston. • Implementing community level interventions requires time for program development and reaching capacity.

Title & Number:	Racial Disparities in Preterm Labor and Role of TLR-4 (491)
Learning Objectives:	At the conclusion of this session, participants will be able to: 1. Describe preterm Labor (PTL) is a leading cause of neonatal morbidity and mortality in the US and worldwide 2. Identify the rate of PTL/delivery among African American (AA) women and as compared to the rate of Caucasian (CS) women. 3. Discuss excessive maternal inflammatory response to infection as a potential mechanism leading to PTL.
Issues:	We hypothesize that racial disparities in PTL may be attributed to the differences between AA and CS women's ability to downregulate TRL-4 during pregnancy, and we tested our hypotheses with the following two specific aims: (1) We examined expression of TLR-4 in the maternal peripheral monocytes among women with idiopathic PTL and control pregnant subjects balanced for gestational age (24-34 weeks) in both AA and CS classifications; (2) We investigated whether progesterone regulates TLR-4 expression in human monocytes.
Description:	RNA was purified from white blood cells collected from AA and CS pregnant women with preterm labor and control without preterm labor. TRL-4 gene and protein expressions were evaluated by two independent methods: reverse transcriptase-polymerase chain reaction (RT-PCR) and flow cytometry, respectively.
Results:	TLR-4 mRNA expression increased more than 2-fold in 82% of preterm labor cases ($p<.0001$) compared with controls. In contrast, only 9% of controls showed a 2-fold increase of TLR4 ($P<.0001$). TRL-4 positive monocytes were twice as frequent with a 2-fold higher density of receptors per cell in pre-term labor women compared with controls. The TRL-4 level in AA pregnant control group was significantly higher than in CS.
Recommendations:	Maternal blood monocytes' TRL-4 mRNA and protein levels were significantly higher during preterm labor compared with controls and was associated with race. A preterm labor associated increase of TRL4 may suggest maternal systemic proinflammatory response. Maternal blood monocytes' TRL4 could become a target for novel diagnostic and therapeutic approaches in preterm labor and may decrease racial disparities in PTL.
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Title & Number:	A Strategy to Increase the Pool of Underrepresented Minorities in Health Professions (492)
Learning Objectives:	Upon completion of this presentation the audience will be able to: 1. Describe the strategy used for recruitment, admission and retention of underrepresented minorities. 2. Describe the 4 phases of the program used by the authors. 3. Describe the importance of programs based on their outcomes.
Issues:	There is a shortage of individuals from the under representative population in medical careers. The authors are aware that physicians from these underrepresented backgrounds are more likely to practice among their own population. The authors are also aware of the necessity of more physicians from disadvantaged backgrounds. Since the University is located in an ideal neighbourhood for underrepresented and/or disadvantaged minorities, this program will offer the opportunity to the future physicians and health care providers to gain entrance into medical school.
Description:	The strategy is for the recruitment, admission and retention of academically qualified underrepresented and disadvantaged students into health professions. The project is divided into four phases. Phase I, undergraduate students, are recruited into a program involving basic medical research. Phase II includes MCAT preparatory course. Phase III is a prematriculation program in which the students initiate their career in medicine. Finally, phase IV allows students who have completed the first year of medicine the opportunity to gain experience in clinical and/or basic research.
Results:	Phases I and IV: from 2001 -05 Research students N=70, 21 Undergraduate students and 49 medical students. Phase II: MCAT preparatory course, N=49, 17 accepted into medical school, Phase III: Prematriculation, N=88, 88 retained in medical school. Thus, 100% retention rate. Graduates of program going into a medical residency: Family Medicine N=12, General Medicine N=23, Pediatrics N=6, Other disciplines N=49.
Recommendations:	Continue funding for this model combining HRSA and NIH funds and identify extramural funds to continue tracking program completers.
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Title & Number:	Virtual Education Programming and Telepractices — A 21st Century Solution to Hearing Care Systems Change, Access, and Mentoring (499)
Learning Objectives:	At the conclusion of this session, participants will be able to: 1. Describe web-based educational programming for enhancing interdisciplinary hearing care program delivery to underserved populations and employ Telepractices. 2. Describe online program design strategies to build mentor and model networks for both professionals and for consumers and promote professional recruitment from ethnic minority populations. 3. Describe the concerns, trends, and policy recommendations of the 2005 U.S. Department of HHS Office of Disability's Work Group and the recent Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities and their congruence with the need for web-based learning and system change locally, regionally, and nationally.
Issues:	In July 2005, the U.S. Surgeon General issued a report, the Call to Action to Improve the Health and Wellness of Persons with Disabilities, aiming for better quality of life and independence for people with disabilities through increasing knowledge of professionals and consumers as well as increasing access to health care and services. This session will focus on Virtual Education Programming strategies to enhance the knowledge base of a broad range of professionals who typically serve the population but who lack formal training in the core knowledge needed to 1) understand specialist reports; 2) provide regional and national resources for families; 3) make appropriate specialist referrals; 4) serve in a knowledgeable way on interdisciplinary teams; and 5) assist individuals who are hard of hearing or deaf to make informed decisions. Web-based 'knowledge building' erases access barriers to learning, mentors, peers, and resources for those professionals and consumers with internet access. Consideration will be given to the online dissemination of preferred practices for purposes of enhanced service systems, improved interdisciplinary decision-making, family skill building in communication modes, and potential recruitment into specialty professions of pediatric audiology and/or speech-language pathology.
Description:	Two federal appropriations resulted in the establishment of the Institute for Persons Who Are Hard of Hearing or Deaf (IHHD) in 2004. The approved IHHD mission is to reduce barriers to effective psychosocial development as well as to school, workplace, and career goal achievement for the 28-30 million children and adults with hearing loss in the United States and its territories. This interactive session focuses on Virtual Education Programming (VEP) strategies to enhance the knowledge base of professionals and families for 1) understanding specialist reports; 2) providing referral to key resources; 3) serving effectively on interdisciplinary teams; and 4) making informed decisions. Web-based learning erases access barriers for underserved populations and rural/remote professionals to knowledge, mentors, peers, and resources. Tools for evaluation of VEP outcomes are addressed. Ramifications for recruitment into professions will be discussed.
Results:	Results are being collected to assess the demographic professional and consumer profiles of those choosing to expand their knowledge for serving children and adults who are hard of hearing or deaf or for consumers, having more comprehensive understanding of their sensory deficit. Survey tools are under development for measuring the short- and long-term outcomes of virtual education programming.
Recommendations:	Evaluation of virtual education programming combined with mentor networks and telepractices will provide answers about eliminating disparities long unaddressed.

Title & Number:	Using African American Newspapers to positively influence individual and community health decisions (502)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify a communications strategy that will positively affect health decisions in the African American community. 2. Describe the differences between mainstream and ethnic minority media in disseminating public health information. 3. Describe local programs that will positively impact the behavior of African Americans. 4. Describe long term meaningful public/private partnership designed to reduce health disparities within the African American community. 5. Describe how to integrate African American newspapers into their overall health communications program. 6. Describe how African American newspapers can be used in a more effective way to reach this target audience.
Issues:	This abstract responds to Track 6. This presentation addresses all of the needs outline in this track; culture, language and health literacy. The authors will demonstrate the viability and effectiveness of using ethnic media to communicate public health messages. Fundamental in this presentation is the reality that information consumers respond better when a message directed specifically to them is placed in vehicles they regard as "theirs." Mass media has a role but, ethnic media must be included to reach ethnic populations.
Description:	This project/presentation brings to the forefront of discussion about health disparities among minorities a heretofore underutilized tool that holds great promise in reducing these disparities. Fact. The disparities exist. Fact. Minorities in general and African Americans specifically are not getting the message. Fact. African American newspapers have not been part of any national communications strategy. This presentation starts the dialogue and delivers a strategy for implementation.
Results:	Local communities, health care providers, affected public institutions and private corporations will have a willing and able community partner to get the message out and effective prevention programs initiated.
Recommend ations:	Schedule a Health Communications Summit utilizing ethnic print media as a major component of a newly formed alliance.
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Title & Number:	Promoting HIV Testing Among Hispanic Youth Through the Take Control/Know Your Status:Tome Control/Hágase la Prueba (KYS) Project (505)
Learning Objectives:	Upon completion of the presentation, participants will be able to: 1. Identify key issues with regard to attitudes of select group of Hispanic youth (16-20 years of age) with respect to HIV testing. 2. List barriers identified by target population of Hispanic youth to getting tested for HIV. 3. List factors identified by the target population that would facilitate getting tested for HIV.
Issues:	Since the AIDS epidemic began in 1981, this disease has had a disproportionate effect on racial and ethnic groups in the United States. While Hispanic 13-19 year olds represent 15% of all youth in the US, they accounted for 21% of new AIDS cases reported among youth in 2001. Access to, and utilization of HIV prevention, testing, and treatment services leads to improved health outcomes. The KYS program is designed to increase access for at-risk Hispanic youth (ages 16-20, and 21-24) to HIV testing and follow-up health care services through media and community promotion of the Alliance's Su Familia national toll-free helpline.
Description:	Four discussion groups were held in 2005 in conjunction with KYS community partners who work with Hispanic youth. Participants provided basic demographic information. Discussion groups were held in Philadelphia, Pennsylvania; Minneapolis, Minnesota; Phoenix, Arizona; Watsonville, California. Discussion group results were analyzed by community and in aggregate form for entire project.
Results:	Results of discussion groups were used to develop a one-minute bilingual radio PSA targeting Hispanic youth about the importance of getting tested for HIV. PSA production and airing is being conducted by Radio Bilingüe, PSA is being played on Radio Bilingüe programming targeting Hispanic youth (both English and Spanish).
Recommendations:	Increase educational messages that make the connection between HIV testing and importance of early access to medical treatment and prevention case management. Increase HIV testing that is accessible to Hispanic youth and young adults in community venues that they typically visit. Increase the number of community programs that incorporate youth as peer-to-peer educators in their HIV prevention programs.
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Title:	Forming Statewide Collaborative Partnerships to Address Health Disparities (507)
Learning Objectives:	• Upon completion of this presentation, participants will be able to identify key stakeholders needed to form a statewide collaborative • Upon completion of this presentation, participants will be able to implement various strategies to obtain key stakeholder commitment in supporting the collaborative • Upon completion of this presentation, participants will be able to develop goals and objectives for the collaborative to meet in measuring its success
Issues:	Healthcare and Public Health Workforce • The healthcare system in Indiana has limited resources to address all the needs of its constituents including minorities. These limited resources coupled with the widening disparities between minorities and non-minorities have compelled several key stakeholders in Indiana to come together to strengthen and improve the healthcare infrastructure by creating an initiative to develop and better integrate healthcare delivery in the state.
Description:	The health disparities gap between minorities and non-minorities are widening. Minorities continue to suffer disproportionately from health ills such as heart disease, cancer, stroke, diabetes, etc. that are preventable. This trend has prompted action. In 2004, the Reverend Jesse Jackson, Sr. came to Indianapolis to join the Indiana Black Legislative Caucus, the Indiana Minority Health Coalition, Inc., Mays Chemical, Inc. and Clarian Health in a round table discussion of the health care disparities facing racial and ethnic minorities in Indiana. Through this discussion, the Indiana Health Disparities Initiative was formed. Leading this charge was a group of key stakeholders (CEO Health Disparities Roundtable), including legislators, and executives from healthcare organizations, pharmaceutical and insurance companies, state agencies, community organizations and foundations working collectively toward the common goal of eliminating disparities in health.
Results:	In May 2005, Phase I of the initiative was completed. Phase I included defining the purpose, setting objectives, identifying human and fiscal resources, heightening awareness and sponsoring a one-day health disparities retreat.
Recommendations:	Further development of the strategic plan created during the one-day health disparities retreat is warranted. In Phase II, the collaborative will form sub-committees for each of the three areas of health identified to develop an action plan to submit to the collaborative at-large for support financially, legislatively, and/or programmatically.

Title & Number:	Reducing Health Disparities Among the U.S. Migrant Population by Preparing the Current and Future Healthcare Workforce to Address Migrant Health Issues (508)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe three significant health problems faced by migrant families 2. Discuss issues related to strengthening the capacity of health providers to help reduce health inequalities in the US. 3. Describe processes used to developing distance education courses for health providers serving migrant families and other vulnerable populations
Issues:	Migrant families have significant health and related social problems, with heath status and service access and quality measures significantly worse than those of the general U.S. populations. Although there have been migrant health programs for some time, the deficiencies in service access persist, in part because of the dearth of health providers with specific training in addressing the unique needs of migrant families. Results of population studies indicate that the estimated number of migrant farm workers – including children -- in the United States is between three and five million. The immediate, medium and long-term individual health and social impact of lack of access to quality care for this population, and the impact on their communities, is significant.
Description:	Over a period of two years, the Milagros Center of Excellence in Migrant Health (the Center)—operated by South Texas College, with a subcontract to Georgetown University, designed, pilot tested, and adapted for online offering, three courses designed to strengthen the capacity of health providers to meet the needs of migrant families. The Center conducted a needs assessment to determine the degree to which providers needed and would hire staff with specific capacity to serve migrant families, and then designed three courses selected in part based on this needs assessment. Three courses were pilot tested via videoconference between STC and GU; the Mental Health and Introduction courses were also offered online and adapted to a conference for health providers. The pilot tests and online offerings were also evaluated and the results used to modify the content and the approach to outreach. The Center edesigned and maintains a Reference Web Page of Local & National Resource Links in Migrant Health Care.
Results:	The assessment of the online courses found that there was a very high rate of self-reported improvement in competencies. Students' mean rating of achievement of their self-described individual learning objectives was also high. Students' completion of the objective pre-post questions to assess knowledge gained demonstrated that improvements were significant in all modules of the course. Faculty, students, and other users of the web site have reported that it yields data and information not readily available elsewhere, and that it is useful for their specific roles. STC is developing five new courses in minority and migrant health with a grant from the Joint Center for Political & Economic Studies Health Policy Institute, and with a contract from Texas A&M, added an interdisciplinary approach to most of the courses. STC is also presenting onsite continuing education workshops and seminars for nurses and health providers.
Recommendations:	Expand the development of capacity-building programs for health and social service providers serving minority and migrant families; Develop competency-based certification programs for health and social service providers serving migrant families. Create a national forum for engaging policymakers and providers in addressing the health needs of migrant families and specifically for addressing the need to expand/improve the capacity of health providers serving this population.
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Title:	Best Practices in Cultural Competence Education (509)
Learning Objectives:	Upon completion of this session, participants of this session will be able to: 1) Describe the NHLBI Cultural Competence and Health Disparities Education Collaborative 2) Demonstrate the ability to Identify best practices to develop, implement and evaluate cultural competency training for health professions students and practitioners 3) Recognize barriers for incorporating cultural competency in medical education 4) Recommend strategies for implementing cultural competency in medical education
Issues:	The Institute of Medicine has recommended that cultural competency training be provided at all levels of curriculum and training programs for health professionals. But, it is not clear what the best approach is to teach these important concepts. Cultural competence education needs to be guided by clear definitions of "cultural competence," explicit learning goals and objectives, effecting methods of teaching and learning, and robust approaches to evaluation. Furthermore, implementation of such curricula often entails significant organizational resources and support, a factor that requires specific strategies to enhance the ultimate success of curricular efforts. There are numerous entities currently supporting cultural competence curriculum development (e.g. OMH, NHLBI, AAMC), but no single entity coordinates these parallel efforts.
Description:	In this proposed session, panelists from the NHLBI Cultural Competence and Health Disparities Education Collaborative will review evidence to support cultural competency training of health professionals and discuss best practices to develop, implement, evaluate and disseminate cultural competency training for health professions students and practitioners. In addition, they will discuss the strategies and tactics of an experienced group of educators in implementing cultural competence curricula. Four speakers will provide a background on cultural competency education and training, and efforts at collaborative institutions.
Results:	Funded by the National Heart, Lung and Blood Institute, the Cultural Competence and Health Disparities Education Collaborative is a group of twelve educator-investigators recently awarded 5-year grants to develop curricula to increase the overall knowledge and skills of medical students, house staff, and other professionals, including practicing physicians on the ethnic, cultural, religious, socioeconomic, linguistic and other factors that contribute to health disparities, and on culturally competent approaches to mitigating these disparities. An immediate result of the collaborative is open and productive dialogue about the place of cultural competence in the overall curriculum, and LCME requirements. Obtaining data on educational interventions is a longitudinal process.
Recommendations:	1) Support a network of collaborating and supporting entities and institutions involved in cultural competency and health disparities curriculum development. 2) Provide funding for health systems interventions to support cultural competence in practice. 3) Provide additional support for further curriculum development. 4) Advocate change in board exams, clinical skills, and licensure requirements that would encourage cultural competence education. 5) Support examination of the cultural climate in health care institutions.

Title & Number:	Integrating Cultural and Linguistic Competence Standards in HIV Care, Treatment, and support Across Racial and Ethnic Communities (511)
Learning Objectives:	At the end of this presentation, attendees will be able to: 1. Identify cultural and linguistic needs of ethnic and gender minority communities living with HIV/AIDS 2. Discuss the National Guidelines on Cultural and Linguistic Competence in Healthcare Services in terms of specific needs of people living with HIV/AIDS 3. Describe priorities for improving cultural and linguistic competence proposed by the National Advisory Council on HIV/AIDS Health Disparities
Issues:	
Description:	The National Advisory Council on HIV/AIDS Health Disparities, an ethnically/racially diverse group representing more than 120 US organizations, is developing priorities for much-needed Best Practices Recommendations/Standards to address ethnic, racial, and gender minority health disparities in HIV/AIDs-related clinical and research practices, public policy/funding standards, and community initiatives. Council members were assigned to 3 committees: clinical and research practices, public policy and funding standards, or community based initiatives. Committees worked within a 4-area framework: racial/ethnic minority, social-cultural, healthcare delivery, and HIV-specific issues. They considered interventions on 4 levels: provider, organizational, healthcare delivery, and National/state/local policy.
Results:	Committees reviewed/assessed existing policies, especially the Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services, in the context of HIV/AIDS. Each committee produced highly focused priorities addressing many areas of need.
Recommend ations:	Identified priorities will be integrated into final National Recommendations to be implemented through such means as policy improvement initiatives addressing governmental and non-governmental agencies and continuous medical educational, technical assistance, and training programs.
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Title & Number:	Reducing Racial and Ethnic Disparities in Cardiovascular Disease Using Quality Improvement Techniques Within a Hospital Learning Collaborative (514)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe a framework for addressing disparities in hospital cardiac care. 2. Describe the factors that contribute to a successful hospital collaborative. 3. Describe the performance measures used to document care provided to minority patients with cardiovascular disease in the inpatient and outpatient settings.
Issues:	Research has clearly demonstrated that disparities exist in cardiovascular care for minority Americans. Despite accepted evidence for the recommended standard of care and established performance measures, limited documentation exists that describes specific strategies to reduce disparities in cardiovascular care.
Description:	Expecting Success is a national program in which ten hospitals will participate in a 29-month learning collaborative beginning September 1, 2005. Each site will work to improve the quality of cardiovascular care for African American and Latino patients across the continuum of care by developing specific strategies designed to reduce disparities.
Results:	It is anticipated that the initial findings from this project will demonstrate the strategies sites develop to overcome the barriers encountered as they create their project teams, develop their work plans to address disparities, and report data by race, ethnicity and primary language.
Recommendations:	On-going monitoring of these ten hospitals is recommended as they develop specific strategies to reduce disparities in cardiovascular care for African Americans and Latinos.
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Title & Number:	Racial Disparities in Childhood Immunization Rates: Empirical Evidence, Analysis of Determinants and Policy Implications (515)
Learning Objectives:	At the completion of this presentation, participants will be able to: 1. Describe differences, by race, in the rates at which children 19-35 months old were "Up-to-date" for ten individual immunizations and "series". 2. Describe differences, by race, in the rates at which children 19-35 months old were "Up-to-date" for these ten individual immunizations/series after controlling for selected characteristics of the children and their families, including the types of insurance coverage they had and whether there were any "gaps" in such coverage over the prior year. 3. Describe the policy importance of these differences in insurance coverage and gaps for being UTD, by race.
Issues:	An important public health policy issue is assuring that all young children are fully immunized against the many diseases for which effective immunizations exist. The federal Vaccines for Children (VFC) program and various state-initiated programs subsidize the provision of these shots to uninsured children. In spite of these programs, not all children are fully immunized. Factors that might account for these deficits include insurance coverage for which high copayments and deductibles and coverage restrictions combine to produce adequate coverage. Aside from such under-insurance, gaps in coverage—spells within a year when children have no coverage, especially for these young children—may be important impediments to getting shots in a timely manner.
Description:	This project combines a relatively large data set derived from matching individual children surveyed in the National Immunization Survey (2000-2002) with responses for them from the SLAITS (2002) survey to allow an empirical analysis of the relative importance of a number of characteristics of children and families for children age 19-35 months being UTD for 10 immunizations. Among the covariates that are controlled for, in addition to race, is the type of insurance coverage (public vs. private) and whether coverage was full-year of part-year. Thus we can compare, by race, the unadjusted rates at which children are UTD to the adjusted rates from a multivariate model. This allows us to draw important policy implications concerning the likely sources of differences in being UTD, by race.
Results:	For 9 out of 10 immunizations, children of black race were significantly less likely to be UTD ($p<.05$) than non-Hispanic whites (reference group), with the average percentage point difference of 8.2 %-pts. For only 1 of 10 immunizations, children of Hispanic ethnicity were significantly less likely to be UTD ($p<.05$) than non-Hispanic whites, with a difference of 3.0 %-pts. When adjusted for the covariates in our model, children of black race were still significantly less likely to be UTD ($p<.05$) than non-Hispanic Whites in 6 out of 10 immunizations, with the average percentage point difference of 8.3 %-pts for these six. There were no significant differences in the distribution across insurance type/duration types between children of black race and Hispanic ethnicity.
Recommendations:	Although children of Hispanic ethnicity and black race are very similar in insurance type and duration of coverage (and both are very different from non-Hispanic whites), there are marked differences between these two groups of young children in being UTD for these immunizations. Indeed, the entire pattern of differences between model-adjusted and unadjusted rates of being UTD observed in these results suggest that factors not possible to include in the model have substantial impacts. As such, these results should prove helpful in identifying directions future research might take to isolate some of the important factors giving rise to such differentials.

Title:	The Minnesota Model for Eliminating Health Disparities: Mobilizing Community Assets for Action (520)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Identify strategies to engage stakeholders and communities of color in public health initiatives 2. Explain the importance of cultural and community assets when developing public health prevention programs 3. Identify challenges, successes and lessons learned when applying a community-driven process to eliminating health disparities
Issues:	Minnesota has been consistently ranked as one of the healthiest states in the nation. Yet, large health disparities exist between populations of color and Whites in Minnesota. Traditional public health strategies which have been successful in the majority population were not working to improve the health of Minnesota's populations of color. In order to effectively address health disparities, the solutions had to come from within the populations that were affected.
Description:	In 2001, the Minnesota Health Disparities Initiative was created out of a grassroots effort by populations of color to eliminate the devastating impact of health disparities on their communities. The Initiative, administered by the Minnesota Department of Health, Office of Minority and Multicultural Health, is a comprehensive statewide initiative focusing on strengthening and improving the health of American Indians, African Americans, Asians and Hispanics. From conception to implementation communities of color and tribal communities have provided guidance and leadership to the Initiative which is crucial to the success of an initiative of this magnitude. The session will prove and overview of the Initiative and the community-driven process that was used to create it.
Results:	This grassroots effort raised awareness of health disparities in communities of color and policy makers. It created an initiative in which solutions to eliminate health disparities came from within communities and created essential partnerships between state government and communities of color and within communities of color. Finally, the community-led effort created a grants program that allows cultural distinctiveness of racial/ethnic groups in Minnesota; encourages partnerships; focuses on community assets and builds the capacities of community organizations.
Recommendations:	• Focus community assets not on the deficits • Provide resources directly to communities to address their health • Communities must lead in the assessment health of their communities; policy development; and program implementation • Question your wisdom and assumptions regarding the elimination of health disparities
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Title & Number:	Tuberculosis among racial and ethnic minority groups in the United States, 1993-2002: the disparity gap continues (523)
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1. Describe U.S. tuberculosis (TB) disease trends and case rates by race/ethnicity for the period 1993-2002. 2. Identify the three race/ethnic groups that are more likely to have infectious TB cases compared to the white, non-Hispanic population, and the one race/ethnic group that is less likely to be infectious. 3. Describe how demographic and social/behavioral characteristics are most likely to be represented among TB cases across the four primary race/ethnic groups in the study.
Issues:	One of the Healthy People 2010 overarching goals is to eliminate health disparities; for TB, the objective is to reduce the number of new cases to 1.0 per 100,000 population across all racial/ethnic populations. Despite overall declining US TB rates, it continues to disproportionately affect racial/ethnic minority groups. Understanding TB epidemiology, as well as risk factors for infectiousness (sputum smear positive result at diagnosis), is important in implementing programs and interventions targeted to high risk populations and in trying to eliminate the TB disparity gap among racial/ethnic minorities and foreign birth.
Description:	To better understand TB epidemiology among the different racial/ethnic groups, including trends in disease, sociodemographic and clinical characteristics, and risk factors for infectiousness, the authors analyzed data from newly diagnosed verified TB cases reported to the national TB surveillance system from January 1, 1993, through December 31, 2002. The authors calculated annual TB rates, stratified by race/ethnicity groups, and stratified by race/ethnicity-nativity groups, for the years 1993-2003. Multiple logistic regression was used to investigate the association between race/ethnicity and the potential infectiousness (sputum smear-positive versus sputum smear-negative) of a TB case.
Results:	In 2002, case rates for racial/ethnic groups were 27.0/100,000 population for Asians/ Pacific Islanders, 12.3/100,000 for black non-Hispanics, 10.3/100,000 for Hispanics, 7.8/ 100,000 for American Indians/Alaska Natives, and 1.5/100,000 for white non-Hispanics. Rates among foreign-born persons were 9.3 times greater for Asians/Pacific Islanders, 3.3 times greater for white non-Hispanics, 3.1 times greater for Hispanics, 3.0 times greater for black non-Hispanics, and 1.1 times greater for American Indians/Alaska Natives than for their US-born counterparts. Black non-Hispanics, Hispanics, and American Indians/ Alaska Natives were more likely to be infectious, and Asians/Pacific Islanders were less likely, with adjusted odds ratios of 1.22, 1.29, 1.14, and 0.79, respectively ($p < 0.0001$).
Recommendations:	Eliminating the disparity gap among race/ethnic minority groups will require intensive efforts tailored to the needs and unique circumstances of the local TB epidemiology. TB control programs as well as primary care providers should employ targeted testing and treatment of LTBI and TB disease in high risk populations and ensure prompt diagnosis and treatment completion. Future activities must include intensive efforts tailored to the needs and unique epidemiology of local regions, and a continued international collaboration to fight TB in countries from which most TB cases emigrate.
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Title:	Building an Infrastructure to Eliminate Health Disparities in Community, Healthcare, Worksite, and School Settings: The Experience of the Rhode Island Department of Health (529)
Learning Objectives:	1- Upon completion of this presentation, participants will be able to identify four channels through which agencies can address health disparities. 2- Upon completion of this presentation, participants will be able to summarize the Minority Health Promotion Center Program. 3- Upon completion of this presentation, participants will be able to describe a partnership model for integrating disparities elimination efforts within a Health Department.
Issues:	Track 2: With an increasing racial and ethnic minority population in Rhode Island and continued racial/ethnic health disparities, the R.I. Department of Health must craft a plan for eliminating health disparities that includes community, healthcare, worksite, and school settings.
Description:	The burden of poor health falls disproportionately upon the 19% of the Rhode Island population of a racial/ethnic minority background. For instance, 36.9% of the R.I. population participates in light to moderate physical activity for at least 30 minutes a day compared to only 26.5% of African-Americans and 24.1% of Hispanics/Latinos. Regarding access to care, 16.9% of African-Americans, 14.5% of Asian & Pacific Islanders, and 19.8% of Hispanics/Latinos under the age of 65 report having no health insurance while the state statistic for this disparity indicator is only 9.5%. Since 1994, the Office of Minority Health at the Rhode Island Department of Health has partnered with community agencies to address these and other disparities through the Minority Health Promotion Center (MHPC) Program. MHPCs are community agencies funded to provide health education, promote prevention, and link clients to health services in the community. Since its implementation, 33 agencies have been funded as MHPCs. This unique partnership between a state health department and community agencies has served as a national model for addressing disparities in the community setting. However, schools, worksites, and healthcare settings in R.I. were not traditionally targeted in racial/ethnic disparities elimination efforts.
Results:	The Center for Healthy People at the Rhode Island Department of Health was created in July 2005 with the goal of bringing the priority of disparities elimination to every division in the Department. Organizationally housed within the Office of the Director, the Center for Healthy People includes three core programs- the Office of Minority Health (including the Refugee Health Program), Worksite Wellness, and Healthy Rhode Island 2010, as well as staff from each of the divisions in the Department. This cross-cutting Center brings disparities elimination responsibility and resources to all divisions within the Department. The Center builds upon the existing internal and external expertise and partnerships throughout the department to address disparities elimination through community, worksite, healthcare, and school settings.
Recommendations:	Departments of Health should partner with community agencies to implement disparities elimination initiatives at the community level as well as develop a structure to deliberately engage worksite, healthcare, and school partners in the effort to eliminate racial/ethnic health disparities.

Title & Number:	Campesinos Sin Fronteras -- Soul, Heart and Life Cardiovascular Disease Prevention Program (533)
Learning Objectives:	At the end of this presentation summit participants will be able to: 1. Describe how program participants are educated and learn how to cook healthy, culturally appropriate and affordable recipes. 2. List daily physical activity to achieve a healthier life style and prevent CVD.
Issues:	Obesity and poor nutrition that lead to cardiovascular diseases among farm working women. As within other cultures, within the Mexican culture, women are the heart and soul of their families. They are always busy taking care of their entire family but don't care for themselves; additionally, the traditional Mexican cuisine is rich in fats, sugars and starches which increases their and their family's risks for cardiovascular diseases. During the curriculum's nine week sessions, participants are educated on the health risks and implications of an inappropriate nutrition, sedentary life, overweight, obesity, cultural influences and unhealthy lifestyles. Participants also learn how to cook healthy, culturally appropriate and affordable recipes.
Description:	The Campesinos Sin Fronteras' Soul, Heart and Life Program (SHLP) is a cardiovascular disease prevention project that addresses heart disease and stroke among farm working women of childbearing age residing in the border and rural communities of Yuma County, Arizona. The SHLP utilizes the Promotora Model which has been proven to be an effective means of reaching "hard to reach" minority populations. Promotoras are women who are representative of the socio/economic, linguistic, cultural and educational characteristics of the community they serve. They identify and educate women at high risk of CVD in their homes, agricultural fields, churches, and community events. SHLP uses the "Su Corazón Su Vida" curriculum and other educational strategies that focus on modification of high-risk behaviors in a culturally competent manner.
Results:	This presentation will highlight the successes and learning of the SHLP's first year. In addition, preliminary data on changes in knowledge and behaviour collected through pre/post questionnaires and participant discussion groups will be provided.
Recommendations:	Cardiovascular disease is growing epidemic among Hispanic population and we need to continue with these programs in order to decrease CVD among farm working women.
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Title:	HIV/AIDS-related Vulnerability, Risk and Prevention among Youth in Asian and Pacific Islander American (APIA) Ethnic Groups Underrepresented in Current HIV/AIDS Research and Interventions (535)
Learning Objectives:	By the end of this session, participants will learn the following: - HIV/AIDS-related knowledge, attitudes, social and sexual practices and health-seeking behaviours among Cambodian, Chamorro and Hmong youth - Gaps in research and data collection and how to overcome these challenges - How to conduct community based level assessments and research in Asian and Pacific Islander communities
Issues:	Members of specific APIA ethnic groups constitute an increasing or significant proportion of communities in the US and its jurisdictions in the Pacific. The absence of appropriate and effective HIV prevention interventions reflects an inadequate understanding of the particular historic, socio-cultural and behavioural factors that make these groups, especially their youth, more susceptible to HIV infection than previously presumed. The National APIA Youth AIDS Study (NAYAS) was launched to gather relevant ethnographic information as well as data on HIV/AIDS-related knowledge, attitudes, social and sexual practices and health-seeking behaviours among Cambodian, Chamorro and Hmong youth.
Description:	With technical assistance from an advisory board and in cooperation with CBO partners, the study administered demographic and health surveys, convened focus groups and conducted key informant interviews among Cambodian youth in Seattle, WA, Chamorro youth in Guam, and Hmong youth in La Crosse, WI. They study compiled social vulnerability, behavioural risk and community asset profiles based on descriptive statistics from the surveys and a systematic qualitative review of focus group and interview data.
Results:	Overall, the sample included 57% male and 43% female participants who ranged between 12 and 19 years old (mean = 16); most (89%) attend school and, except Hmong youth, were US-born. Although almost all participants agreed that having sex without condoms (89%) and sharing needles (92%) facilitate HIV transmission, nearly a third also cited receiving mosquito bites, donating blood and kissing as possible modes, and 41% disagreed that sexual abstinence decreases HIV risk. Among sexually active participants, 40% had multiple partners; most used condoms occasionally and expressed concern about HIV/STI infection, but only 10% ever had an HIV test. Considering the gradual integration of the Chamorros in a diversifying Guamanian society and recent asylum-seeking migration of the Cambodians and Hmong, youth face competing pressures from their own communities to preserve their languages, traditions and values and from the majority group to assimilate. Preoccupation with the response to these pressures diminishes the relevance of HIV/AIDS and leads some participants and their peers to cope through gang membership and substance abuse, which further increase their vulnerability.
Recommendations:	Comprehensive school-based health education could correct misconceptions about HIV transmission and prevention. Behavioural change communication with the use of colloquial language, popular culture icons and peer models could promote the ideas of dual-purpose condom use (to prevent HIV/STI infection and unintended pregnancies) and HIV testing. Additionally, awareness raising among adults in the community through local cultural centres and ethnic language media could reduce the ignorance and stigma that remains pervasive in their perceptions about HIV/AIDS and related issues.

Title:	**Patient Distrust & the American Healthcare System – Overcoming the Legacy of Tuskegee** (700) Panelists Thomas LaVeist, Ph.D. -Professor, Johns Hopkins Bloomberg School of Public Health Roosevelt Freeman -HHS-Office For Civil Rights Regional Manager, Region IV Valerie Walsh -Public Health Advisor, HHS-Office of Minority Health Brian Gibbs, Ph.D.-Director, Program to Eliminate Health Disparities-Harvard School of Public Health Alternates Matthew Wynia, MD -Director, American Medical Association Institute for Ethics William Haurser, MD -Regional Medical Director, Aetna Inc.
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1) Understand the historical context of patient-physician distrust within minority communities. 2) Identify issues surrounding unequal participation of minority communities in clinical trials, the disadvantages caused by lack of participation, and what the Department of Health and Human Services is doing to increase minority participation. 3) Learn about Federal Civil Rights Laws (particularly Title VI of the Civil Rights Act of 1964) and how the Office for Civil Rights enforcement of these laws helps to bolster patient trust.
Issues:	Track 1: Health Care Access, Utilization, and Quality
Description:	This workshop will provide an overview of the historical context of patient distrust in the American healthcare system, discuss how consequences of this distrust (such as low participation in clinical trials) places minority patients at a disadvantage in receiving preventative care and in accessing newer treatments. The workshop will highlight HHS efforts to increase minority participation, including OCR's outreach to communities, health care providers and advocates.
Results:	Participants will learn about the dynamics that contribute to unequal participation of minority communities in clinical trials and results of outreach efforts to recruit more persons of color to clinical trials. Participants will gain knowledge of rights guaranteed under Title VI and will learn about OCR's role in enforcing those rights as a means of bolstering trust and helping to eliminate systematic disparities in healthcare.
Recommend ations:	Participants should use the tools acquired in this workshop to affect greater outreach to minority communities to end health disparities caused, in part, by the reluctance to participate in clinical trials and research.

Title:	Overcoming Language Barriers: Promising Practices in Health Settings (701) 1) Michael Leoz, Senior Investigator and Special Assistant, DHHS Office for Civil Rights, Region 9, Los Angeles office 2) Mara Youdelman, Staff Attorney, National Health Law Program 3) Mika Aoki, Health Education Manager, Asian Pacific Health Care Venture, Inc.
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1) Understand federal and state laws regarding access to care for persons with limited English proficiency (LEP). 2) Identify promising practices that can be tailored to meet the needs of LEP persons in health settings, particularly small health provider settings and state and local benefit offices. 3) Use existing resources and tools that are helpful in the provision of language services.
Issues:	Track 6: Access to quality health care is challenging for persons with limited English skills. Access issues vary from enrolment in public health programs to utilization of health care. Persons with limited English skills are more likely to be uninsured and less likely to use health services.
Description:	This workshop will provide a brief overview of federal and state laws regarding access to care for LEP persons, including HHS Title VI LEP guidance. The workshop will also discuss cost-effective, high quality, language assistance programs developed in health care settings to serve LEP populations, with a specific focus on small health care providers and state and local benefit offices. LEP applicants for federal, state and local benefits often have difficulties completing applications and getting information in non-English languages. Small health care providers face different challenges in meeting the needs of their LEP patients than larger entities/health systems.
Results:	Yet, small health care providers have developed cost-effective and efficient ways to provide language services. And, state and local agencies have undertaken a number of steps to provide meaningful access to their programs. Health settings could overcome many of the challenges of providing language services with dissemination of these and other approaches and technical assistance to implement them.
Recommendations:	Participants should use the information and resources acquired in this workshop to effectively plan and implement their own approaches to providing language services to LEP individuals in their communities.

Title:	Protecting Individuals with HIV/AIDS From Disability-Based Discrimination (702)
Learning Objectives:	Moderator: To Be Determined (from minority AIDS organization) Panelists: 1) Shelley Jackson, J.D., Senior Civil Rights Analyst, HHS Office for Civil Rights] 2) Cassandra Malone, MPH, Consultant/Deputy Project Director, Regional Resource Network Project, Atlanta, Georgia (invited) 3) Diane Weyer, RN, MS, Southeast AIDS Training and Education Center, Emory University School of Medicine (invited) Upon completion of this presentation, participants will be able to: (1) identify barriers to equal access to health care for people with HIV and AIDS, including barriers that particularly affect communities of color; (2) analyze how federal laws prohibiting disability-based discrimination may foster equal health care access for people with HIV and AIDS; (3) identify federal, state and community resources that may help reduce barriers to care; (4) apply the information provided to better serve and assist people with HIV and AIDS.
Issues:	Track: Health Disparities in the Lifespan This abstract addresses the need for information and knowledge about: (1) legal protections that can help address barriers to care for people with HIV and AIDS; (2) resources to help providers treat individuals with HIV and AIDS; (3) utilizing laws and available resources to promote equal access and combat health disparities.
Description:	More than 20 years after HIV and AIDS first emerged, many individuals with HIV are still denied access to health care, or provided unequal access to care. Today the HIV/AIDS epidemic is a particular threat to African Americans and Hispanics, especially to young women of color. This workshop will inform participants about continuing barriers to equal access to care for people with HIV and AIDS and how communities of color may be particularly affected. Participants will be informed about federal laws that protect individuals with HIV and AIDS from discrimination on the basis of disability and about HHS Office for Civil Rights activities to ensure compliance with these laws. The workshop will examine key clinical issues in providing health care to people with HIV and describe state and community-level activities to support practitioners in providing care to this population. Participants will also learn about the HHS Office of Minority Health's support of community-based efforts to prevent HIV/AIDS in minority communities and empower individuals living with HIV.
Results:	Participants will learn about obstacles faced by people with HIV and AIDS in obtaining access to health care, and about resources that can help address these barriers. Participants will be informed about how federal laws protect individuals with HIV disease from disability-based discrimination. Participants will learn that effective work to protect individuals with HIV/AIDS from disability discrimination can help address disparities in access to health care experienced by members of racial and ethnic minority groups. Participants will gain the knowledge to devise their own approaches to combat health care barriers facing individuals with HIV and AIDS.
Recommendations:	Participants should use the information and tools acquired to more effectively work to ensure equal access to health care for individuals with HIV and AIDS.

Title:	Immigrant Families and Access to Primary Care: Federal, State, and Local Solutions (703)
Learning Objectives:	Moderator: Leighton Ku, Senior Fellow, Center on Budget and Policy Priorities Panelists: 1) Dinah Wiley, Senior Civil Rights Analyst, HHS Office for Civil Rights 2) Adam Gurvitch, Health Care Policy Coordinator, New York Immigration Coalition 3) Leona Butler, Director and CEO, Santa Clara (CA) Family Health Plan Upon completion of this presentation, participants will be able to: 1) Distinguish barriers to health care access that are unique to immigrant families and know how to obtain data on health care access by immigrant families in their localities; 2) Use existing federal guidance to help to reduce those barriers; 3) Apply promising practices on the state and local level that reduce or eliminate barriers.
Issues:	Track 1: Health Care Access, Utilization, and Quality Immigrants represent a disproportionate percentage of the uninsured and underinsured. Even children in immigrant families who are eligible for Medicaid and SCHIP are under-enrolled. Confusion and concerns about eligibility rules and policies such as public charge and verification and reporting measures discourage participation in publicly funded health programs and deter immigrant families from using primary health care services.
Description:	This workshop will provide an overview of challenges that immigrant families face in access to health care, federal and state policies that address those barriers, and public and private initiatives to increase access to health care by immigrant families.
Results:	Participants will be able to recognize barriers that deter immigrant families from accessing care, especially for their children who need care. Participants will become familiar with federal policies that address those barriers and help to reduce them. Participants will be able to compare their own state and local policies to best practices and formulate new approaches that help to increase access of immigrant families.
Recommendations:	Participants should use the information acquired in this workshop to assess the understanding of their immigrant communities of the policies and practices of local health care providers and benefits agencies, and should use the tools acquired through this workshop to address barriers perceived by the communities.

Title:	Vaccination of Children and Disparities, United States (704)
Learning Objectives:	**Presenting Author and Affiliation:** Sonja S. Hutchins, MD, MPH, DrPH, National Immunization Program, Centers for Disease Control and Prevention **Affiliation:** National Immunization Program, Centers for Disease Control and Prevention, Atlanta, Georgia, 30333 **Other Authors:** National Immunization Program Centers for Disease Control and Prevention Roger Bernier, PhD, MPH National Immunization Program Centers for Disease Control and Prevention 1. Upon completion of this presentation, participants will be able to discuss the history of disparities in childhood vaccination in the United States. 2. Upon completion of this presentation, participants will be able to discuss the impact of a dual strategy applied in the 1990s (during a major measles resurgence from 1989-1991) to eliminate or narrow the gap in vaccination levels among racial and ethnic minority populations in the United States. 3. Upon completion of this presentation, participants will be able to discuss the remaining challenges to further eliminate or reduce disparities in the vaccination of children in the United States.
Issues:	Tracks 1 and 5.
Description:	Creation of the federal grant program in 1963 to assist states in purchasing and in delivering vaccines was justified, in part, as an attempt to achieve greater equity in delivering the new polio vaccine licensed in 1962. While the grant program had a major impact on early control of vaccine-preventable diseases among school-aged children through school laws, disease among preschool-aged children persisted. In response to a major measles epidemic from 1989-1991, a dual strategy was initiated to further improve childhood vaccine coverage levels and to reduce disparities.

Results:	Universal interventions of the dual strategy reached the majority of children by improving quality of vaccination services (e.g., new National Standards for Pediatric Immunization Practices distributed to all providers and others). Additional targeted interventions more likely reached nonwhite children by enhancing access to vaccination (e.g., the Vaccines for Children program, entitling uninsured or underinsured children free vaccine). Before the dual strategy, annual vaccine coverage of children aged 1-4 years was approximately 60% for either ≥3 doses of DTP, ≥3 doses of polio vaccine , or one dose of measles vaccine, and coverage levels for nonwhite children were 20% lower than that for white children. With use of the dual strategy, vaccine coverage of children aged 19-35 months for DTP, polio and measles vaccines approached or exceeded 90% in 1996. Moreover, disparities essentially disappeared for vaccine coverage by 1996 (3%-5% difference) and measles incidence in the United States by 1993 (0.04/100,000-0.3/100,000). A remaining challenge is to vaccinate children with all vaccines in the childhood schedule (series complete). In 2004, series complete coverage was 75%-79%, and coverage disparities widened (5%-10%). Studies are currently underway to improve series complete coverage and to reduce series complete disparities.
Recommendations:	This dual strategy deserves close scrutiny by health professionals and policy makers who seek to reach the Healthy People 2010 goal to eliminate health disparities. In addition, assessment is needed of remaining challenges for fully implementing the dual strategy and further reducing disparities for all children with all the vaccines in the recommended vaccination schedule. The impact of recent vaccine shortages and changes in vaccine financing should be carefully monitored to prevent any adverse effects on vaccine coverage and disease prevention and control.

Title:	Gender and Patient–Centered Care (705) **Authors:** Harvey Schwartz, PhD (presenter); Rosaly Correa-de-Araujo, MD, MSc, PhD
Learning Objectives:	Extent to which women and men respond differently across race/ethnicity groups to survey items: health beliefs/behaviors, doctor-patient communication, and perceived discrimination
Issues:	Overall, health of the U.S. population has improved, but the under-served population (African-American and Latino women and men), continue to have higher rates of morbidity and mortality. The need for a patient-centered care approach has been emphasized as a potential strategy to help minimize these challenges.
Description:	Data on Whites, Blacks, Hispanics and Chineses from the Commonwealth Fund 2001 Health Care Quality Survey were analyzed to assess gender differences on health beliefs/behaviors, doctor-patient communication, and perceived discrimination.
Results:	Overall, women more likely than men to use various sources of health information, but less likely to follow doctors' advice and more likely to perceive discrimination based on gender or race/ethnicity. Striking differences by income, and race/ethnicity were observed.
Recommendations:	Research on potential scales development to measure gender, race/ethnicity, and socioeconomic status effects on patient-centered care.

Title:	Gender Gaps In Quality of Care for Cardiovascular Disease (706) **Authors:** Rosaly Correa-de-Araujo, MD, MSc, PhD (presenter); Ernest Moy, MD, MPH
Learning Objectives:	Gender gaps in health services provided to individuals with cardiovascular disease Race/ethnicity gaps in health services provided to individuals with cardiovascular disease. Potential interventions to reduce/eliminate disparities
Issues:	In the United States, myocardial infarction accounts for 179,514 deaths (52.3% men; 47.7% women), while nearly 5 million people are affected by congestive heart failure (approximately half are women).
Description:	Gender differences across race/ethnicity in health services provided to a Medicare population with myocardial infarction and congestive heart failure were analyzed.
Results:	White women less likely to receive aspirin and beta-blockers. No gender differences among Blacks and Hispanics, but both populations receive aspirin and/or beta-blockers less frequently. Black and Hispanic men have low smoking cessation counselling rates. White women and Hispanics with congestive heart failure less likely to have LVF assessment. Hispanics with congestive heart failure have lower rates of ACE inhibitor therapy.
Recommendations:	Cardiovascular care must target gender-specific needs across race/ethnicity.

Title:	Gender Gaps In Quality of Preventive Care for Older Adults (707) Authors: Beth Kosiak, PhD (presenter); Rosaly Correa-de-Araujo, MD, MSc, PhD
Learning Objectives:	Gender gaps in prevention health services provided to older adults Race/ethnicity gaps in prevention health services provided to older adults Potential interventions to reduce/eliminate disparities
Issues:	The population age 65 and over continues to grow—to a projected 21% (over 77 million) by the year 2040. Tracking access and quality of preventive care for older adults becomes is, therefore, critical.
Description:	Gender differences across race/ethnicity in prevention health services provided to older adults according to measures defined by the National Health Care Quality and Disparities reports.
Results:	Considerable gender gaps across racial/ethnic and educational subgroups exist in preventive care for older adults. Older women significantly less likely than older men to have colorectal screening test and maintain blood pressure controlled. Immunization rates are low for all.
Recommendations:	Additional research needed to address specific needs and best models of care in older adults

Title:	Gender Gaps In Quality of Care for Type-2 Diabetes (708) **Authors:** Ernie Moy, MD, MPH (presenter) ; Rosaly Correa-de-Araujo, MD, MSc, PhD
Learning Objectives:	Gender gaps in health services provided to individuals with type 2 diabetes. Race/ethnicity gaps in health services provided to individuals with type 2 diabetes. Potential interventions to reduce/eliminate disparities
Issues:	Diabetes is the sixth leading cause of death in the United States, with 20.8 million people affected by the disease of which 9.7 million are women and 10.9 million men age 20 and over. Diabetes is a public health and economic concern, with a total cost of the disease in the United States for 2002 estimated at $132 billion.
Description:	Gender gaps across race/ethnicity in the quality of health services for type 2 diabetes were analyzed according to measures defined by the National Healthcare Quality Report and the National Healthcare Disparities Report.
Results:	Only 29% of women and 33.9% of men with type-2 diabetes received all recommended process measures (HbA1c, lipid profile, eye exam, foot exam, and influenza immunization). Screening rates for retinal and foot exams and influenza immunization need to be improved. Higher lower extremity amputations rates were observed among Hispanic and black men. Gaps increase according to socioeconomic status.
Recommendations:	Interventions particularly needed to improve diabetes self management.

Title (Number):	Workshop Addressing the Health Needs of Women of Color with Disabilities (709)
Learning Objectives:	1. Obtain information on current best/evidence based practices shown to address health disparity issues unique to women of color with disabilities and identify current issues/challenges that prevent women of color with disabilities from accessing needed healthcare and wellness services. 3. Identify recommendations to address identified issues/challenges, that results in a comprehensive action plan which addresses healthcare and access through three areas --cultural sensitivity, cultural competence, and responsible entities/individuals.
Issues:	Recognizing that 7.3 million individuals with disabilities, ages 15 – 64 years of age, are from racial or ethnic minorities, women of color with disabilities face challenges that are documented and anecdotal (due to limited research and data on this population group) which often precludes them from accessing needed healthcare and wellness services. Some of the challenges and barriers facing women of color with disabilities include accessing appropriate health care, availability of specialized medical equipment and personnel, and limited availability of culturally competent and culturally sensitive staff and healthcare entities.
Description:	The Office on Disability Workshop, the second in a three-step process, consists of a panel of experts presenting on evidence based/best practices shown to address the major challenges and barriers within the public and private healthcare systems that often prohibit or discourage women of color with disabilities from seeking needed care. The panel will act as the catalyst to support comprehensive identification of current challenges by workshop participants followed by identification of recommendations to correct the challenges. [Step 1: (pre-conference Jan. 8) An interactive 3-hour session, facilitated by the Office on Disability, with representatives from, e.g., academia; research; physician and other healthcare providers; Centers of Excellence on women's health; public and private insurers; federal, state, tribal and local governments; manufacturers of health equipment; community and faith based organizations; and women of color.] Step 2: An interactive 1-hour workshop facilitated by the Office on Disability with representatives who participated in "Step 1" to develop a framework for an action plan based on the provided recommendations in the three categories of – cultural sensitivity, cultural competence, and responsible entities/individuals. [Step 3: Presentation at the Jan. 11 Town Hall of the framework for an action plan to ensure that the provided strategies are complete and ready for implementation.]
Results:	This public and private collaboration will result in a White Paper on the needed strategies to comprehensively help address racial and ethnic disparities in healthcare and wellness access for women of color with disabilities.
Recommendations:	The workshop discussions will provide the Office on Disability with a comprehensive set of strategies that both help implement the Surgeon General's Call to Action and the Workshop's resulting action plan to effectively help address racial and ethnic disparities in health for women of color with disabilities.

Title:	Health disparities among the elderly minority communities are not homogeneous experiences. (710)
Learning Objectives:	– Upon completion of this presentation, participants will be able to understand that health disparities, which are experienced by most of the minority communities, are not experienced homogenously by all minority elderly communities. – Participants of this presentation will able to identify the key components that currently contribute to health disparities among each minority elderly community. – From a three level perspective (macro/system level, mezzo/community level and micro/face-to-face), participants will be able to identify a number of unique systematic and cultural barriers experienced by each elderly minority communities residing in the United States. – By the end of each presentation participants will have obtained a general idea of the actual macro, mezzo, and micro initiatives towards the elimination of health disparities among each minority elderly community.
Issues:	Despite the fact that health care in the United States is among the best systems of the world, the minority elderly communities, such as the African American, the Asian American and the Hispanic/Latino elderly communities continue facing barriers to access healthcare because their racial, ethnic and cultural differences including, low literacy level, lack of language; social-economic status, lack of health insurance and system isolation.
Description:	The three executive directors and CEO of the National Asian Pacific Center on Aging (NAPCA), The National Black Caucus on Aging (NCBA) and the National Hispanic Council on Aging (NCHOA) will make a presentation on behalf of their community. During this 30 minutes presentation each presenter will address the specific key components of the health disparities experienced by each elderly community from their cultural-sensitive perspective; including their health status, barriers faced by the elderly and solutions/initiatives. Each speaker will structure the presentation from a macro perspective, (policy/systematic level), mezzo perspective (community level), and micro perspective (face-to-face and/or direct intervention level), in order to describe the unique systematic and cultural barriers experienced by each elderly minority community. **Organization**: The National Black Caucus on Aging (NCBA) **Presenter:** Karyne Jones **Title:** President and CEO **Organization:** The National Hispanic Council on Aging (NCHOA) **Presenter:** Yanira Cruz, PD.DH, (abd) **Title**: President & CEO **Organization:** National Asian Pacific Center on Aging (NAPCA) **Presenter:** Clayton Fong, **Title:** President & CEO
Results and recommended actions:	Due to the fact that this is not a research based presentation, at the final segment of each presentation all the presenters will provide a general description of the current macro, mezzo and micro initiatives that contributes to the elimination of the health disparities among each minority elderly community. During this time each presenter will be able to make specific recommendations and/or encourage specific initiatives.

Title:	Remote Simultaneous Medical Interpretation Assisting to Reduce Medical Errors (711) Author: Dr. F. Gany
Learning Objectives:	Upon completion of this presentation, participants will be able to discuss the health information technology to improve health care resources.
Issues:	Use of medical interpretation for limited English proficient patients is intended to enhance communication and quality of medical care. Little is known about the quantity and ramifications of medical errors that occur in interpretation, and if these vary by mode of interpretation.
Description:	A model was designed to analyze medical interpretation for quantity and level of linguistic errors and medical errors.
Results	Four patient-doctor dialogues centered around primary care complaints were devised. Volunteers read the dialogues, and they were each interpreted via four modes of interpretation: ad hoc, proximate consecutive, remote consecutive, and remote simultaneous. Remote simultaneous medical interpretation (RSMI) has significantly fewer errors of moderate to life threatening clinical consequence in comparison to non-RSMI modes.
Recommended actions:	These results lend support to increased use of RSMI and to strict testing and training of medical interpreters.

Title:	Culturally- and linguistically-appropriate online programs to improve diet and weight-management among Hispanics (712) Presenter: Dr. D. Schroeder
Learning Objectives:	Specific learning objectives include the following: (1) The potential of CLAS, interactive technologies to improve the health of minority patients, community members and employees, (2) Attitudes and practices of Hispanics regarding body image, d ieting and obesity management, (3) Design and baseline findings of randomized trial being conducted in collaboration with major managed care plans.
Issues:	Hispanics are the fastest growing demographic group in U.S. Poor diets, low physical activity, overweight and obesity-related diseases (e.g. diabetes) are prevalent among this population.
Description:	Tailored, culturally- and linguistically appropriate (CLAS) health information technologies have tremendous potential for improving the diets, physical activity levels and weight-related health conditions of minorities.
Results	This presentation will report on the formative research and the initial results of a large randomized trial funded by the Robert Wood Johnson Foundation Health e-Technologies Initiative to rigorously evaluate such applications.
Recommended actions:	Support the development and maintenance of culturally appropriate e-health interventions.

Title (Abstract Number):	American Diabetes Association: The Role of Policy Councils in Developing Partnerships to Address Diabetes Disparities in Minority Communities (713) **Institute Speakers*:** Sterling Tucker, Chair, Diabetes Epidemic Action Council Victor Gonzalez, MD, Chair, Latino Diabetes Action Council Wilfred Y. Fujimoto, MD, Councilmember, Asian Pacific American Diabetes Action Council
Learning Objectives:	Upon completion of this presentation, participants will be able to: 1) Identify the Diabetes Epidemic Action Council (DEAC), the Latino Diabetes Action Council (LDAC) and the Asian Pacific American Diabetes Action Council (APADAC); 2) Compare and contrast the diabetes epidemic and disparities issues in the African American, Latino and Asian Pacific Islander communities and 3) Describe the upcoming efforts of the 3 Councils to better address and respond to diabetes in the 3 ethnographic communities.
Description:	The American Diabetes Association's Diabetes Epidemic Action Council (DEAC), Latino Diabetes Action Council (LDAC) and Asian Pacific American Diabetes Action Council (APADAC) are efforts to assess and respond to the health disparity of African Americans, Latinos and Asian Pacific Americans in relation to diabetes. The Councils are components of the ADA's Government Affairs and Advocacy Division. The Councils are distinguished panels of national and regional leaders, including health professionals, legislators, community leaders, and health industry representatives who work to improve the management and prevention of diabetes within the three communities. The Councils contribute to ADA's mission of preventing and finding a cure for diabetes and improving the lives of all people affected by diabetes.
Results and recommended actions:	The purpose, mission and goal of DEAC, LDAC and APADAC are to provide qualified input and expertise to issues regarding diabetes that affect the African American, Latino and Asian American and Pacific Islander communities. As part of this effort, the Councils review diabetes programs and initiatives, and recommend and promote diabetes prevention, management and research for the three communities. The councils focus these goals within the areas of diabetes education, health disparity issues, healthcare access and programs. Although there is a common problem of disparities and higher diabetes prevalence rates in all three groups, unique strategies have emerged out of the work of the three councils on ways of addressing this problem. The councils have advised the ADA on internal policy issues and the development of its advocacy agenda, have addressed policy makers to support that agenda, and collaborated with ADA's Community Initiatives Programs team. The chairs from each of the three councils will discuss their findings and reach out to Institute participants for suggestions on further disparities issues to address in each of the communities. The representatives would like to open up dialogue to discuss new directions towards eliminating diabetes disparities within the communities as well as look towards new collaborations in this effort. The American Diabetes Association supports the Office of Minority Health's mission to improve and protect the health of racial and ethnic minority populations and looks forward to expanding this partnership.

Title:	What You Need to Know About the Medicare Prescription Drug Coverage (714)
Learning Objectives:	To increase participants knowledge about the Medicare Prescription Drug Coverage. To help participants understand how this new coverage works and how to get started.
Issues:	Everyone with Medicare is eligible for this coverage, regardless of income level and resources, pre-existing conditions, or current prescription expenses. Prescription drugs can heal, cure, comfort, and even prevent. Medicare Prescription Drug coverage makes it easier to pay for the prescription drugs that people with Medicare need to stay healthy. Now, people with limited income and resources can apply for extra help with prescription drug coverage. On November 15, 2005, people with Medicare can sign up for a Medicare prescription drug plan to help lower their drug costs. On January 1, 2006, Medicare prescription drug coverage begins for those who have enrolled. May 15, 2006, is the end of the Initial Enrolment Period. To pay a lower premium, most people need to enrol by May 15, 2006.
Description:	After 40 years of providing dependable coverage for doctor visits, hospital stays, and life-saving surgeries, Medicare now covers preventive screenings and offers dependable coverage for prescription drugs. The Medicare Prescription Drug, Improvement and Modernization Act, also known as the Medicare Modernization Act, is bringing better benefits and more health plan options to people with Medicare, including prescription drug coverage beginning January 1, 2006. Come and learn how this historic new coverage works.
Results	
Recommended actions:	

Title:	Leveraging HIT to Mitigate Minority Health Disparities (715)
Learning Objectives:	1. Participants will be able to identify current challenges and barriers to developing interoperable health information systems to support electronic health/personal health records. 2. Participants will be able to list steps necessary to implement effective broad based health information technology systems. 3. Participants will be able to differentiate between infrastructure, interoperability, security and interface issues while addressing important adoption and adaptation factors.
Issues:	Health Information technology can be used to mitigate health disparities in minorities.
Description:	The session will (1) Focus on the importance of leveraging Health Information Technology (HIT) to mitigate minority health disparities and insure that the existence of HIT does not present an additional disparity in the future; (2) Discuss the possibilities regional collaborative efforts can bring to foster interoperability and smoother information transfer among health care organizations; (3) Address current issues and challenges to implementing information technology in healthcare settings.
Results	This session will focus on the HIT possibilities and practical applications to mitigate health disparities. Dr. Charles Modlin, Director of the Minority Men's Health Center at the Cleveland Clinic, will discuss the role/utility of HIT in Urological Transplant case management. Dr. Gus Kious, Chief Administrative Officer at Huron Hospital, will address the development of patient-centered HIT solutions. He will briefly present an overview of his on-line Diabetic self management tool and discuss the community/patient/clinical impact. This session will also introduce HBCUHealth.com.
Recommended actions:	

Title:	The API Health Agenda Moving Forward (716) Speakers: Gor, Beverly ; Severin, Trinh ; Spoerh, Hardy ; Tran, Ho Luong
Learning Objectives:	Identify strategies to amplify national awareness to improve community health and well being in the API community.
Issues:	Asian Americans and Native Hawaiians/Pacific Islanders (Lapis) are among the fastest growing racial and ethnic groups in the United States. With increasing numbers and diversity in language, national origin, immigration status, socio-economic status and migration patterns, health and access disparities have become key concerns.
Description:	This session will describe approaches to build and strengthen the capacity of the API community to amplify national awareness to improve community health and well being.
Results	
Recommended actions:	

Title:	The Value of Volunteers: connecting with Latino communities through the utilization of volunteer resources. (717)
Learning Objectives:	At the conclusion of this presentation, the participant will be able to understand the key objectives of ADA's Latino Initiatives Modules through volunteer participation and the following: (1) Recognize that recruiting and retaining volunteers is a viable solution, with limited resources, to reaching communities at the grassroots level utilizing educational modules. (2) Identify opportunities for expanding volunteer involvement in community based and faith based settings and learning key tools for establishing partnerships. (3) Study the impact of providing community service through a volunteer's eyes by conducting annual surveys focusing on effective service. (4) Learn that emphasizing the importance of recognizing and appreciating dedicated volunteers while developing their role in the American Diabetes Association (ADA).
Presenting Author and Affiliation:	Julia A. Burgos, National Director, Latino Initiatives, American Diabetes Association, 1701 North Beauregard Street, Alexandria, VA 22311
Type of Presentation Preferred:	Oral Presentation
Issues:	With diabetes on the rise in minority communities throughout the US, statistics show that Latinos are disproportionately affected by this disease with 8.2 million Latinos diagnosed, and many more that are undiagnosed or who have pre-diabetes. The prevalence of diabetes is 1.5 times higher in Latinos than non-Latino whites. It is known that approximately 24% of Mexican Americans in the United States and 26% of Puerto Ricans between the ages of 45-74 have diabetes. It is also estimated that by 2020 44% of Latinos over 65 will have diabetes. With good intentions and limited resources, it is still very difficult to reach such a large segment of the population, therefore, ADA relies on its volunteers to assist us in carrying out the message in the community. Volunteer assistance has proven to be a very effective strategy given that they have gained the trust of the community and have a keen knowledge of the specific needs of the Latino population.
Description:	In response to these alarming statistics, the American Diabetes Association (ADA) developed the Latino Initiatives program called Por tu Familia which features health modules utilized by volunteers (ambassadors) to reach Latino communities with the diabetes message. Existing modules are based on exercise, dance, nutrition and cardiovascular disease that highlight prevention and disease management. Through our local offices, volunteers are recruited to organize and/or conduct these modules in their community. In addition, volunteers work with staff on our Latino signature event, Feria: Unidos Contra La Diabetes. Typically, volunteers will either participate in the Feria Committee or a general Latino Committee which works on overall Latino initiatives in the community. Our volunteers come from all professions including healthcare professionals, educators, business owners or leaders, as well as concerned citizens.

Results:	What we've learned is that volunteers who become involved with ADA tend to remain volunteers for many years after entering the system, although 77% of our volunteers do not have diabetes. This is due to the fact that we have many resources and tools that we offer volunteers to make their service more fruitful, as well as their connection to the disease through work or family life. Resources for volunteers include a annual training sessions, orientation and development materials, a comprehensive website, *Volunteer Voice*, a quarterly newsletter, Volunteers in Action E-News, a bi-monthly e-newsletter and dedicated national staff to address volunteer needs. A sample survey conducted showed that the average number of years volunteering for Leadership Council Leaders is 6.8 years. In addition, 82.1% have volunteered less than 1 year to 10 years; 17.9% have volunteered 11 years to more than 20 years. We also learned that 21.1% became involved through being a participant in an ADA program or fund-raising event. Specific to the Latino Initiative, committee members participate for many years in their local market and in some cases are nominated for national volunteer positions.
Recommendations:	With the current volunteer base we have at the ADA, we have been able to accomplish many great things in the community. However, there is a great deal of work to be done. Recommendations for expansion include an annual meeting for all Latino committee volunteers from across the nation, a specific Latino newsletter highlighting achievements in the community, providing volunteers with specific goals and tasks for the year making their service more productive, a quarterly call with all Latino volunteers where ideas, lessons and achievements are shared to motivate other volunteers.

Title:	Keeping It REAL: Reaching and Empowering African American Lives through the African American Church (718)
Presenting Author and Affiliation:	Gaynelle Bowden-Diaz, African American & Native American Initiatives, American Diabetes Association
Learning Objectives:	Upon completion of this presentation, participants will be able to : 1. Define diabetes, the risk factors associated with diabetes, and recognize A1C as an indicator of diabetes control 2. Understand the importance of achieving glucose control, physical activity, healthy eating and cooking and the relationship between cardiovascular disease and diabetes 3. Identify the ABC's of diabetes and action steps to take in order to reduce heart-related complications linked to diabetes 4. Identify healthier ways to prepare foods and actions steps to increase physical activity 5. Understand how faith based institutions can incorporate diabetes awareness messages and healthy lifestyle changes into the life of the church.
Issues:	Approximately 2.7 million or 11.4% of all African Americans aged twenty years or older have diabetes, however, one-third of them do not know it. African Americans are twice as likely to have diabetes as Non-Hispanic Whites, and suffer higher rates of at least four serious complications of diabetes: cardiovascular disease, blindness, amputation, and end stage renal disease. Diabetes is the fifth deadliest disease in the United States, but with education, people can reduce their risks for complications.
Description:	African American churches have always served as the life-center of the community, providing services that nourish the mind, body, and soul. Given the critical role the church plays in the African American community, the American Diabetes Association works closely with churches to promote diabetes education and awareness, through its Project POWER program. Project POWER was developed to provide churches with a foundation that would assist them in integrating diabetes awareness messages and strategies that support healthy lifestyles within the church family. Consisting of five workshop modules, that address diabetes management, physical activity, healthy eating and cooking, and the relationship between cardiovascular disease and diabetes, Project POWER, is meant to be implemented throughout the year.
Results:	Since 2002, Project POWER has expanded from 5 markets to 17 markets. From July 2004 through June 2005, Project POWER activities reached an estimated 12,000 participants through activities and workshops. The markets were: New York, Northern New Jersey, Washington, DC, Atlanta, Boston, Detroit, Cleveland, San Francisco, Memphis/Nashville, Jackson, MS, Birmingham, AL, Dallas, Houston, Baltimore, Chicago, Philadelphia, and Norfolk, VA. Surveys given to participants indicate they left the workshops with a better understanding of diabetes complications, the ABC's of good diabetes management, and information to help them lead a healthier lifestyle.
Recommendations:	Development of partnerships and alliances with National organizations will provide opportunities for greater dissemination of Project POWER and assist local staff in finding volunteers and support for implementation of the program. In addition, increased communication and follow-up with Ambassadors and participants will provide better assessment of lifestyle behavioral changes.

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